Toxics Use Reduction Act

Online Filing

Reports due on or before July 1

MassDEP Contacts

- Email questions to Walter.Hope@mass.gov

- **eDEP System Help (& username)**
  - Help Desk 617-626-1111
  - Passwords & Usernames?
    - ONLY YOU have access to Passwords

- **TURA Online Filing**:
  - Walter Hope walter.hope@mass.gov
- **TURA policy related questions**
  - Lynn Cain lynn.cain@mass.gov

Contacts

- Office of Technical Assistance and Technology (OTA)
  - Confidential On-Site Technical Assistance
  - 617-626-1080 or http://www.mass.gov/envir/ota/

- Toxics Use Reduction Institute (TURI)
  - Research and Training
  - 978-934-3275 or http://www.turi.org/

- U.S. Environmental Protection Agency (EPA)
  - http://www.epa.gov/tri/
  - EPA Hotline has been discontinued, email queries only
  - CDX Helpdesk 888-890-1995 [mechanics, authorizations]
  - TRI Data Processing Center 703-227-4199 tridpc@epacdx.net
  - Questions [reporting questions, thresholds, chemicals, etc] https://ofmpub.epa.gov/apex/guideme_ext/f?p=104:1

Basic Orientation

- What information to have available
- Overview of the Form Structure
- Overview of the System Navigation
- TUR/EMS/RC Planner Certification

Have the following materials on hand *before* you begin your online filing:

- Online Filing Tips
- Previous year's filing with changes noted
- Form S Instructions and Appendices
- Form R instructions
- Payment Info

The process is linear

Steps in the Online TURA Reporting Process Each step is a separate screen

1) **Log In and Access TURA Reporting Forms**
   a) ***Access DEP web page click on eDEP Online Filing***
   b) ***Login Get User Name & Password***
   c) ***Click on <Forms> then <Toxics and Hazards> then Toxics Use Reduction Act (TURA) Reporting***
2) **Pre-form START**
3) **Form S Cover Sheet (Sections 1-2: General Information and FTEs)**
4) **Form S Cover Sheet (Section 3: Chemicals no longer reported)**
5) **Form S Cover Sheet (Section 4/Production Unit Information)**

The process is linear

Steps in the Online TURA Reporting Process Each step is a separate screen

Steps in yellow are only during even # years/planning years

6) **Form S (Facility-wide use of chemicals, Sections 1-3: chemical use amounts, materials accounting and waste treatment chemicals)**
7) **Form S (Production Unit Use of Chemicals, Section 4 :production unit chemical use**
8) **Form S Section 4:(notes)**
9) **State ONLY Form R/A (Sections 1,4,5,6,7,8)**
10) **Plan Summary Submittal Selection**
11) **EMS/RC/TUR, TUR/RC Update**

The process is linear

Steps in the Online TURA Reporting Process Each step is a separate screen

Steps in yellow are only during even # years/planning years

12) TUR/RC/EMS Plan Certification by Facility Manager
13) Fee Worksheet
14) Screen – Signatures by Facility Manager
15) Payment Screens
    1) DEP will mail an Invoice, payment is due in 30 days.
16) Receipt
17) Submittal
18) Printing
19) Certification by DEP Certified Planner

The process is linear

Steps in the Online TURA Reporting Process Each step is a separate screen

Steps in yellow are only during even # years/planning years

19) Certification by DEP Certified Planner
20)Toxics Use Reduction Act (TURA) Planner Certification
21)For DEP Certified Planners ONLY – enter in appropriate facility identifiers
22)Select Plan (TURA, EMS, or RC) that you are certifying & enter name, email, TUR Planner ID#
23)Sign, email notification to the facility manager for verification. Plan is NOT certified until this step is completed.
24)SUBMIT the certification

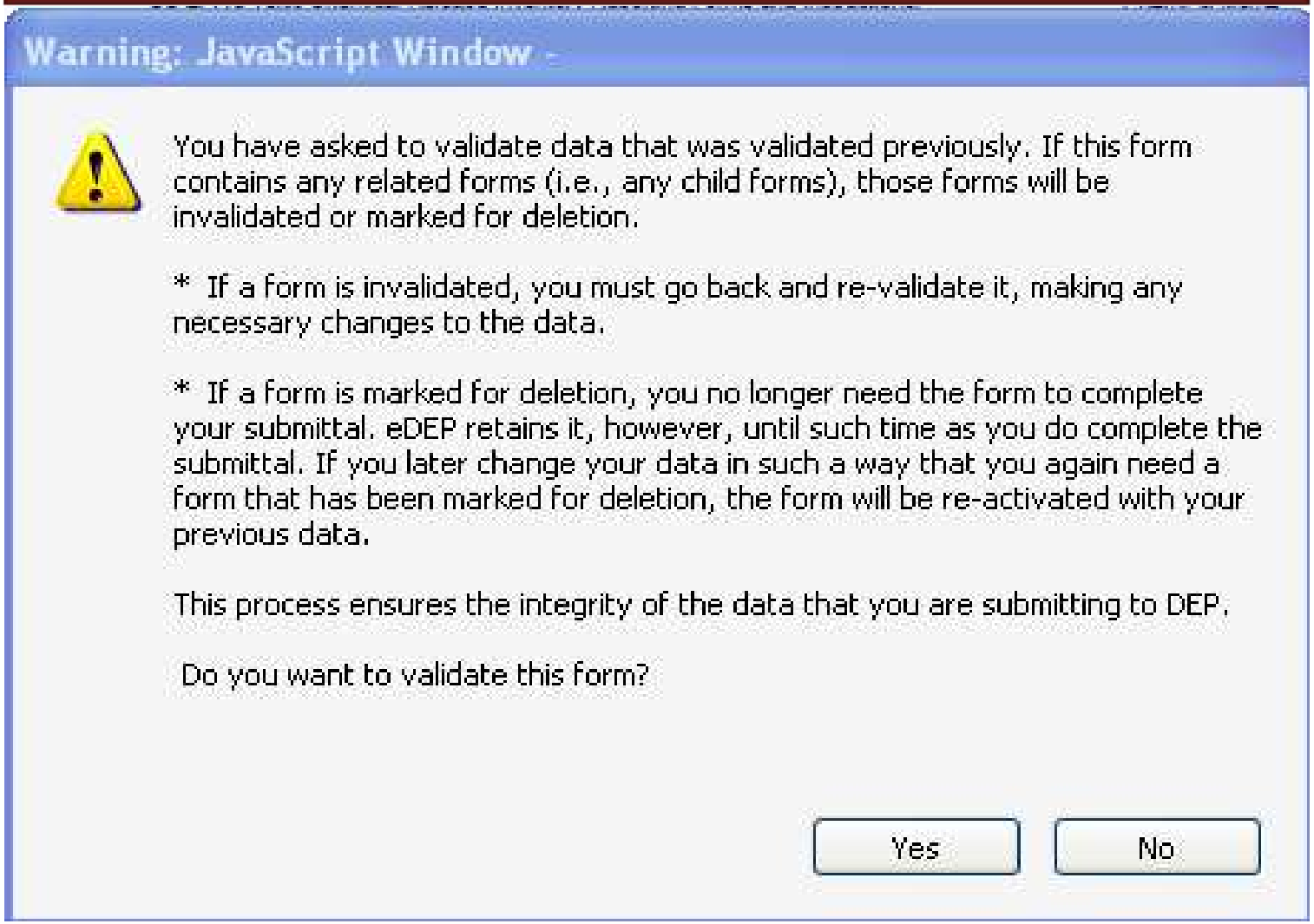
Document your calculations & source material

The system is FORWARD Built, or NOT built for going 'backwards'

If a you input information that was not required (enters in 4 chemicals, but only intended to enter 3, deleting chemicals will create "orphans" in the coding behind the scenes.) This will cause issues and ***may corrupt*** the file/submission. There is no easy way to correct this on the database 'end'.

Solution: be sure to enter in **ONLY** chemicals that **MUST** be entered.

... Deleting, or changing a form that is connected to another can affect the entire submittal.



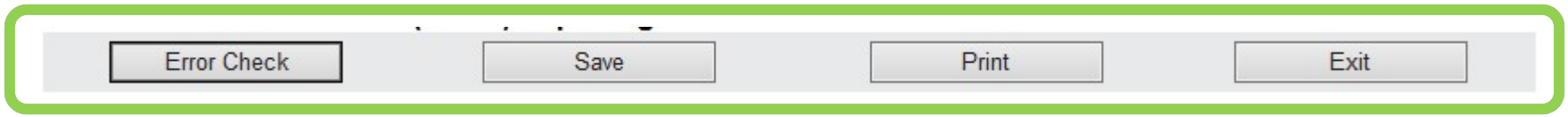
Navigating the TURA/eDEP

1. The eDEP/TURA system works on any browser
2. The eDEP/TURA system uses a Combination of screens and “blocks” to build your submittal

Screens and Blocks

- The TURA report is divided into ***screens***: each of the steps listed previously is its own screen
- **Screens** have required data elements. Some data elements will be arranged in ***blocks.*** This is to accommodate companies that need to provide the data on more than one chemical, production unit, treatment process, etc.
  - The first block is always provided. Select "edit" to enter the information, and "update" to save it
  - To add an additional block click the <add> button
  - Blocks may have sub blocks
- When all of the required data for the screen (and all blocks) has been entered, click on "error check and next" to save the data and move to the next screen.
- The next form/screen will be offered once you have corrected all errors

Navigation Buttons Used in eDEP



Error Check: Checks for missing data entry for the entire screen / family of forms

Save: Saves entries to the page you are viewing.

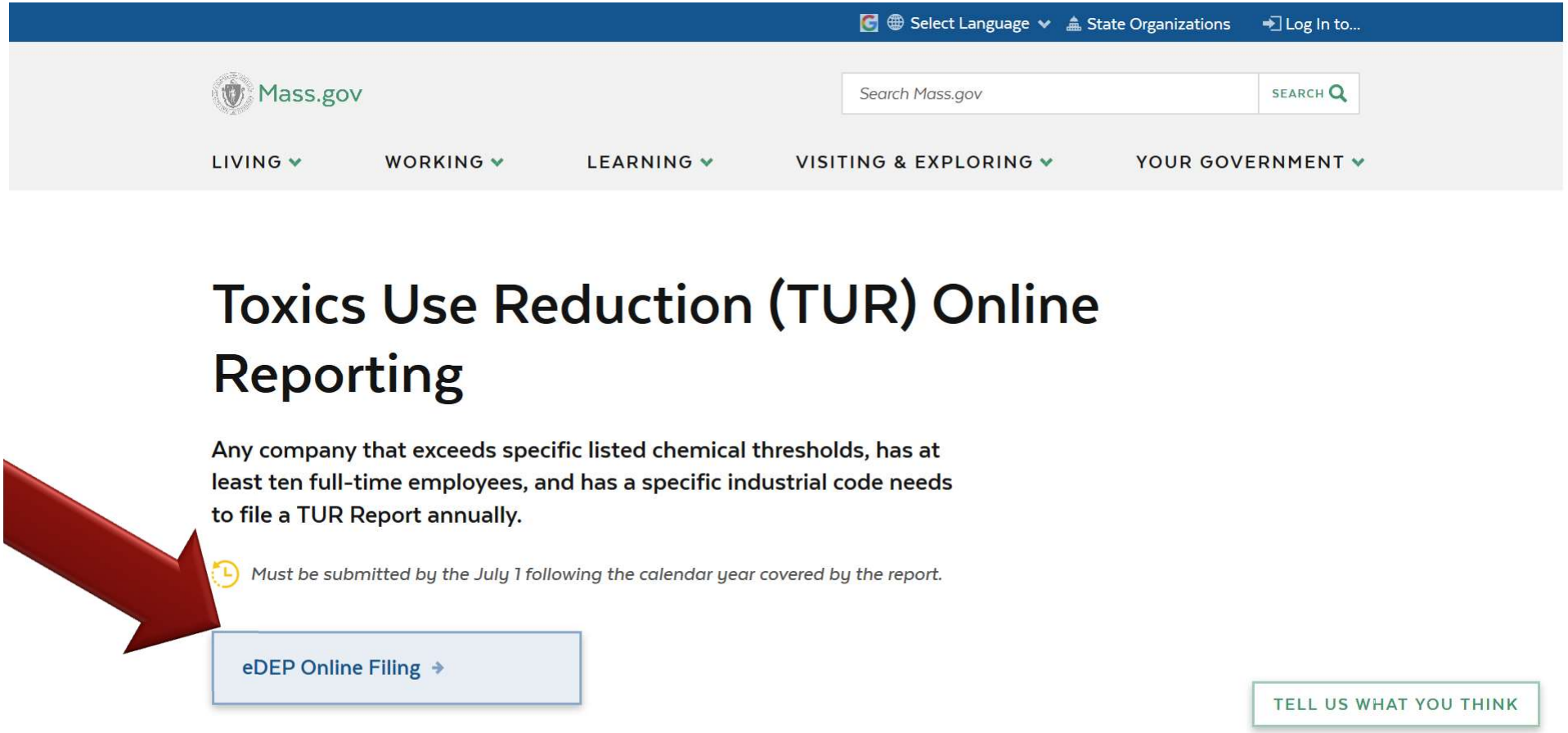
Print: Prints only the page that you are viewing.

Exit: Exits the screen you are on without affecting any prior input – does NOT save any data that has been added/changed.

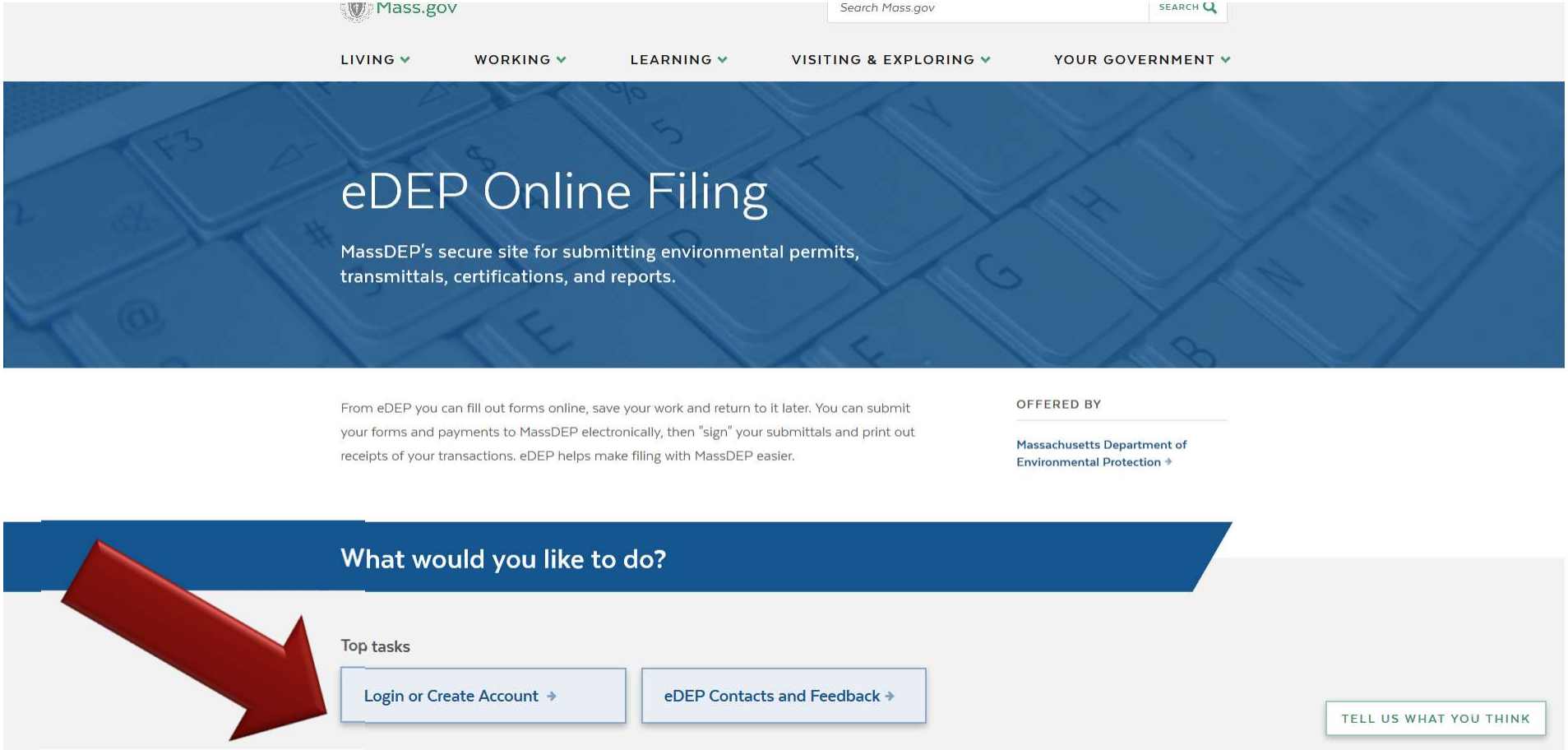
Navigation Buttons Used in eDEP

Yes will save changes and will affect the relationships to all other screens that follow
No will NOT save any changes
Cancel will Exit the form and NOT save any changes

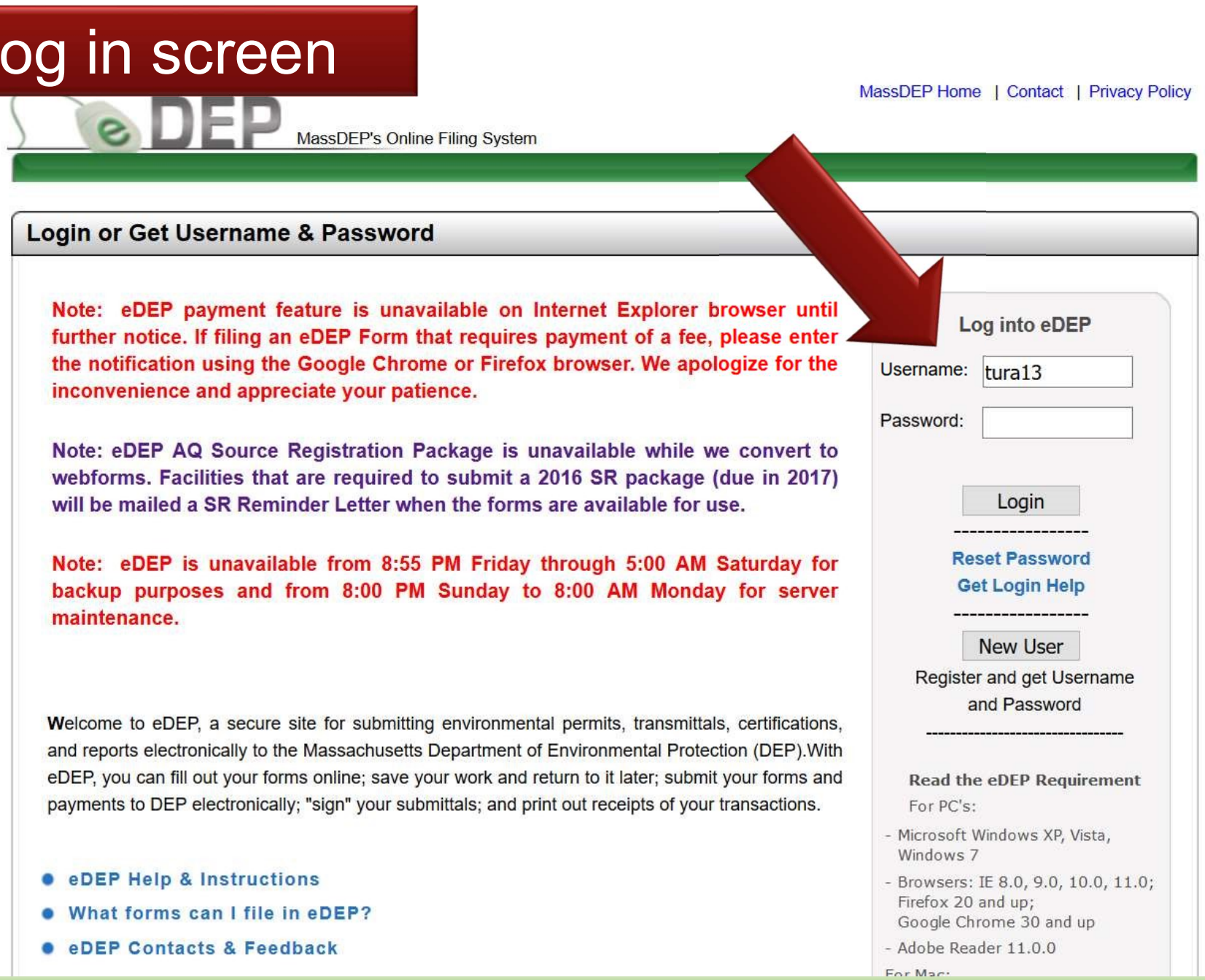
https://www.mass.gov/edep-online-filing



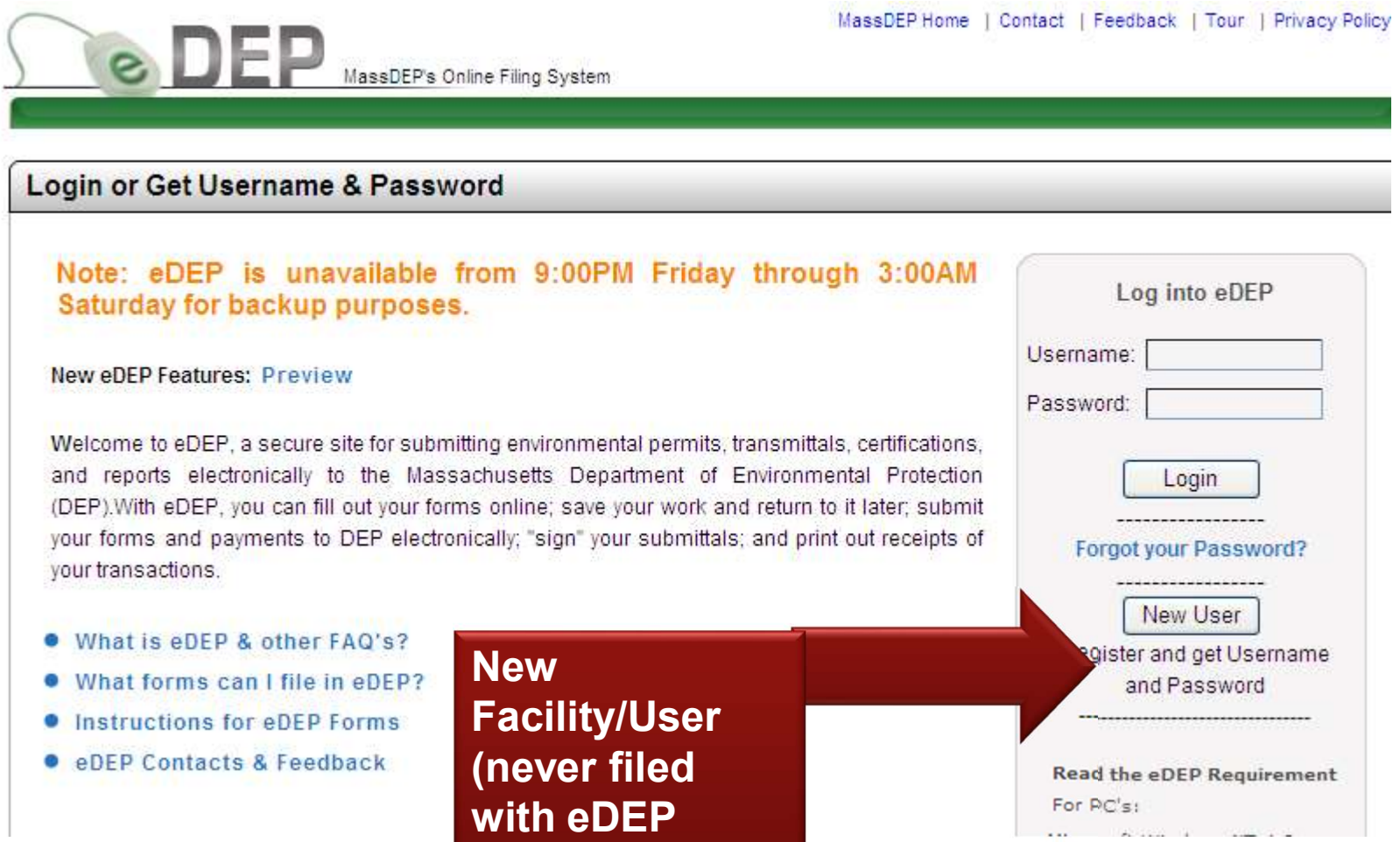
https://www.mass.gov/edep-online-filing



Log in screen

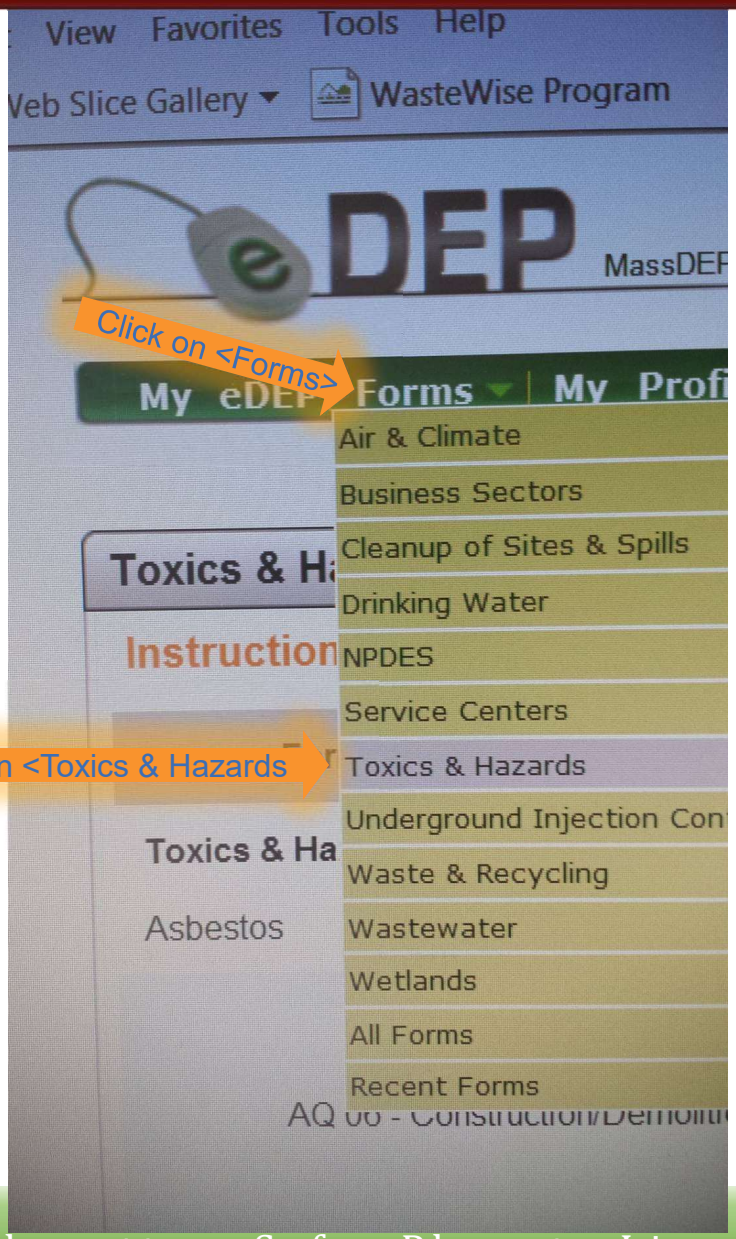


Log in screen – New user

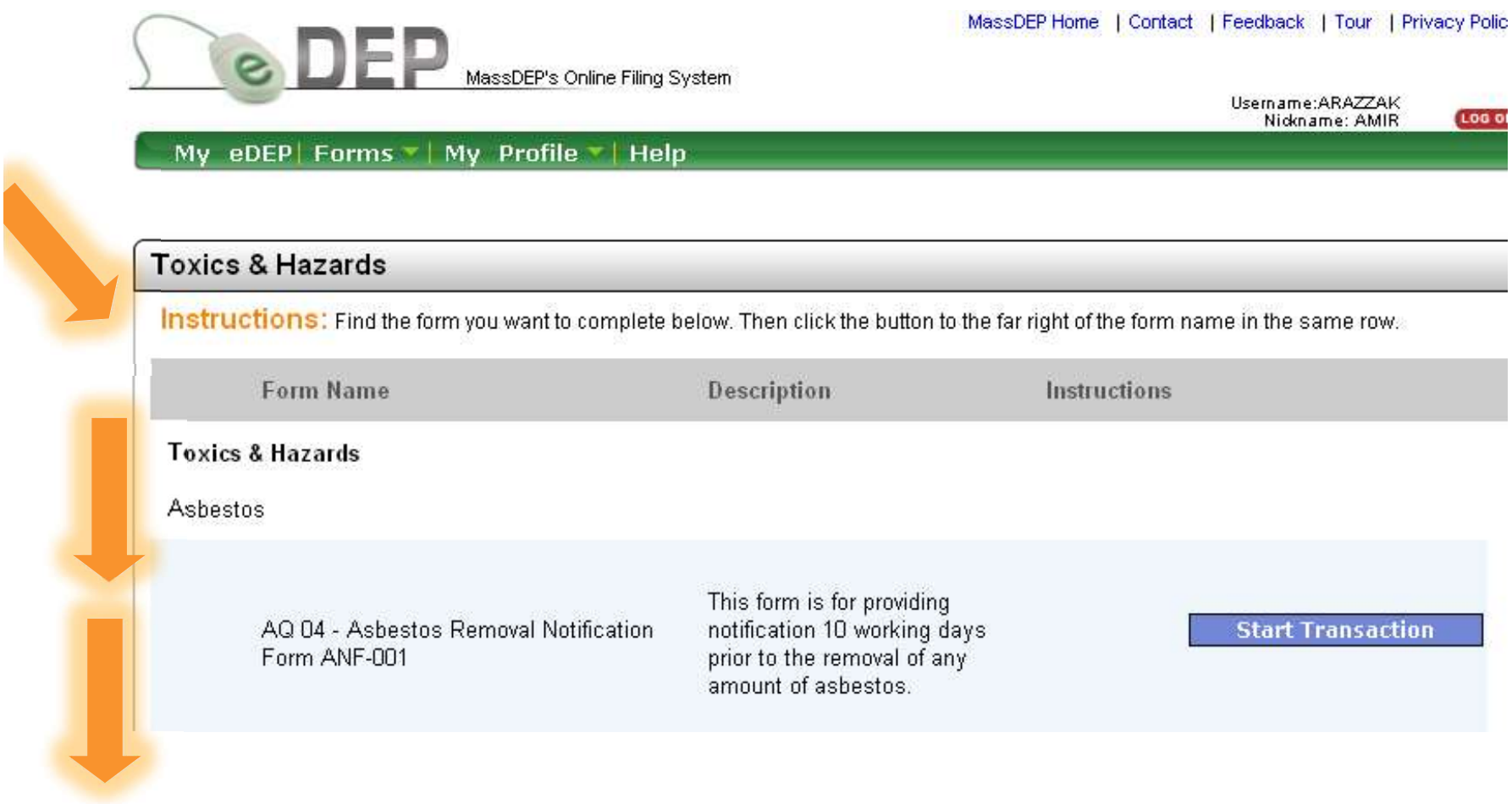


New Facility/User (never filed with eDEP before?)

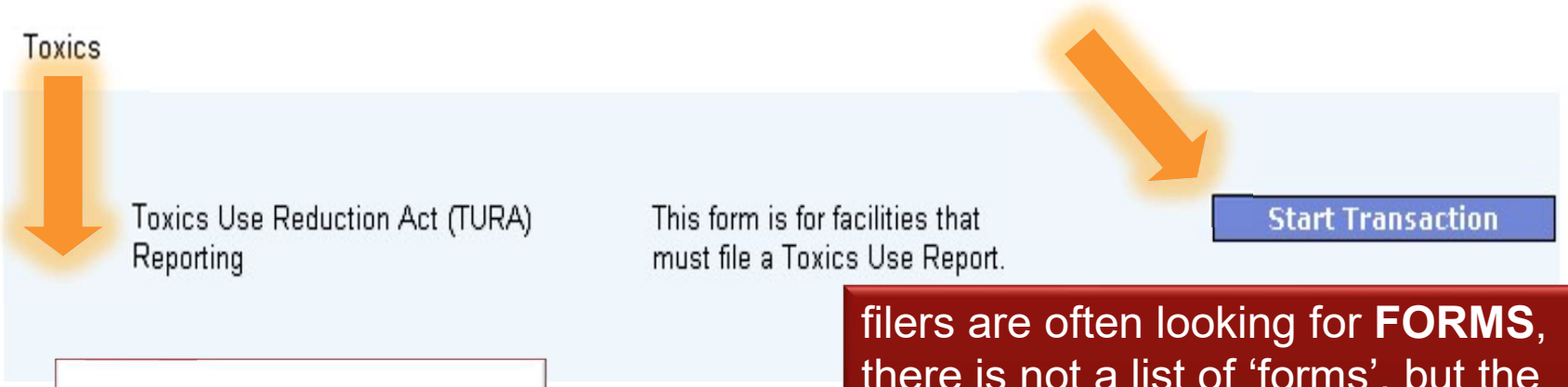
Pick the form to work on: ...



After picking the forms link...

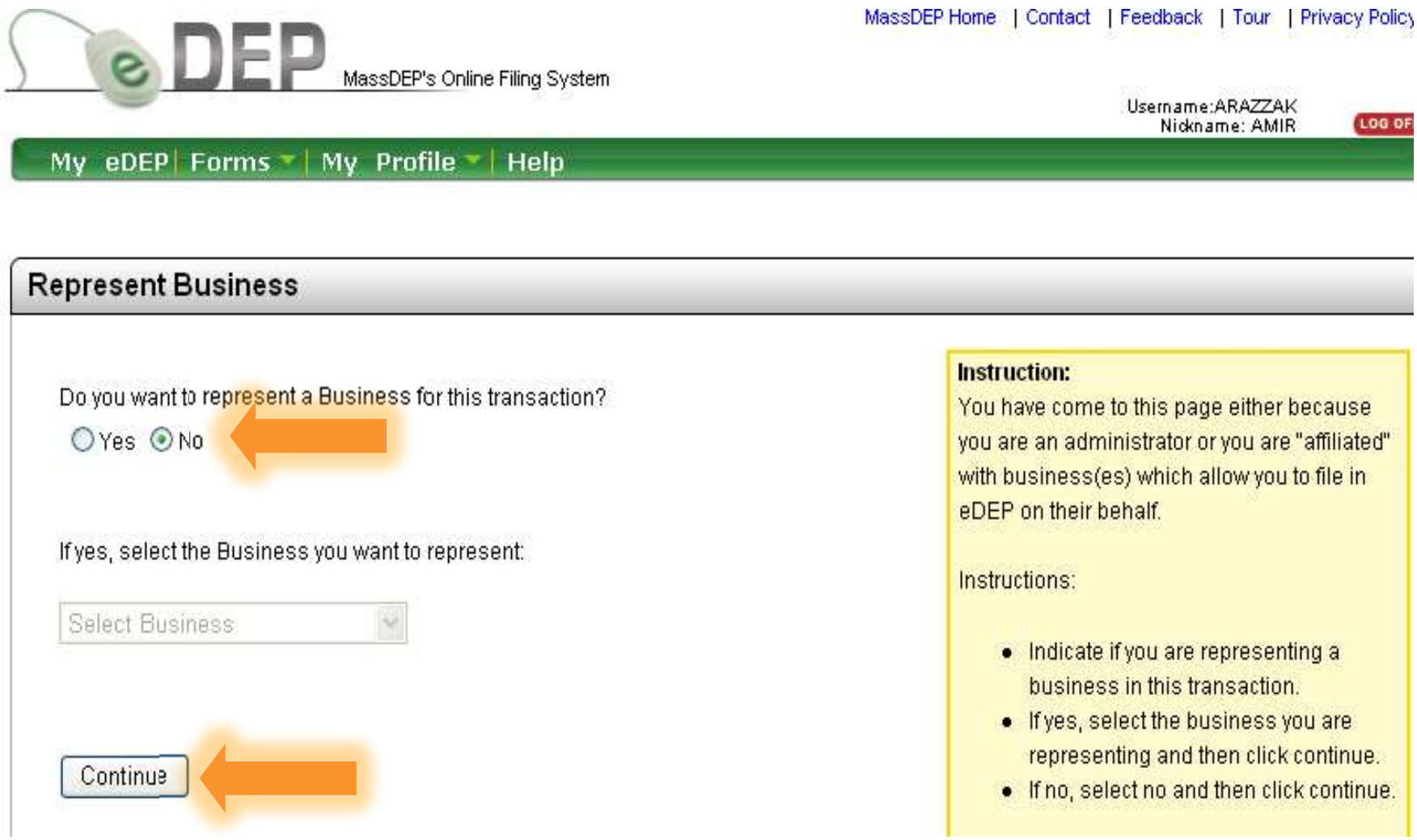


At the bottom of the list pick the Reporting form



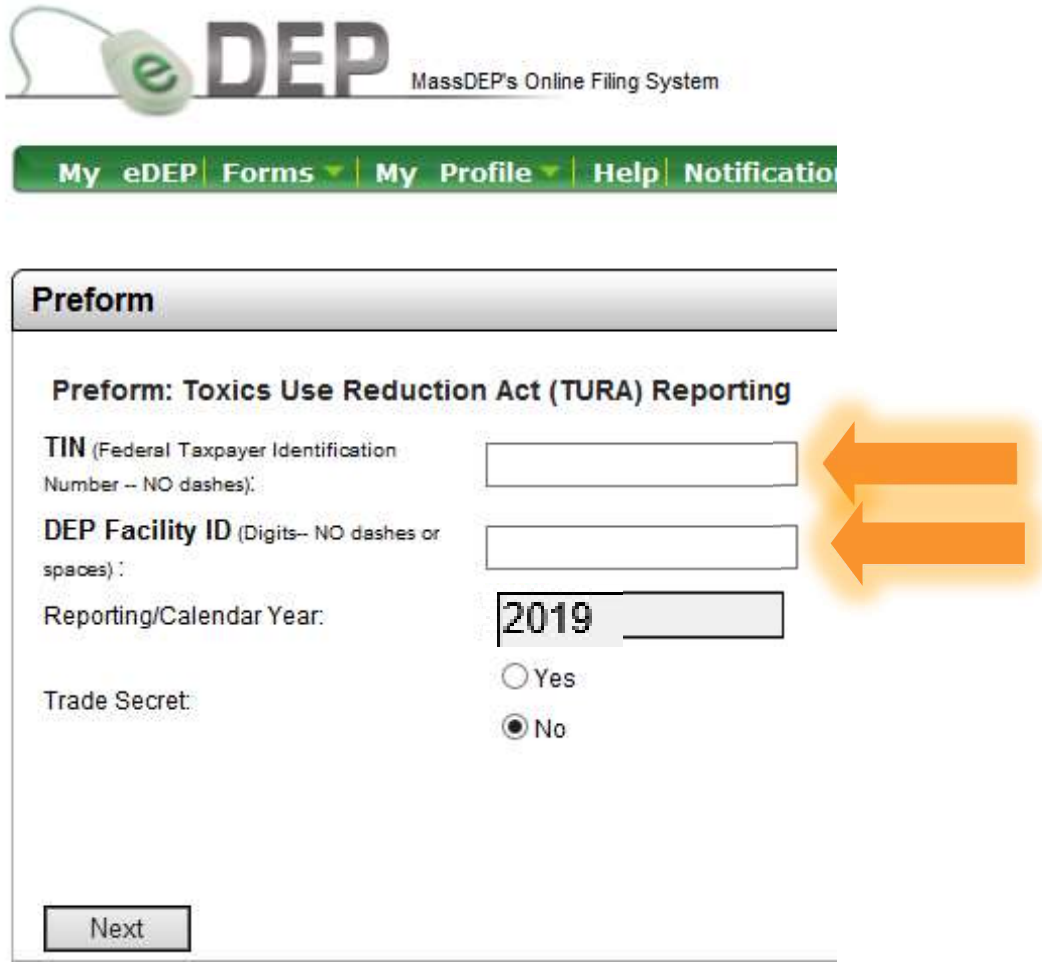
filers are often looking for **FORMS**, there is not a list of 'forms', but the Start transaction button begins the process of creating what must be completed.

Do you represent a business? ...(no)



The PRE FORM Begins:

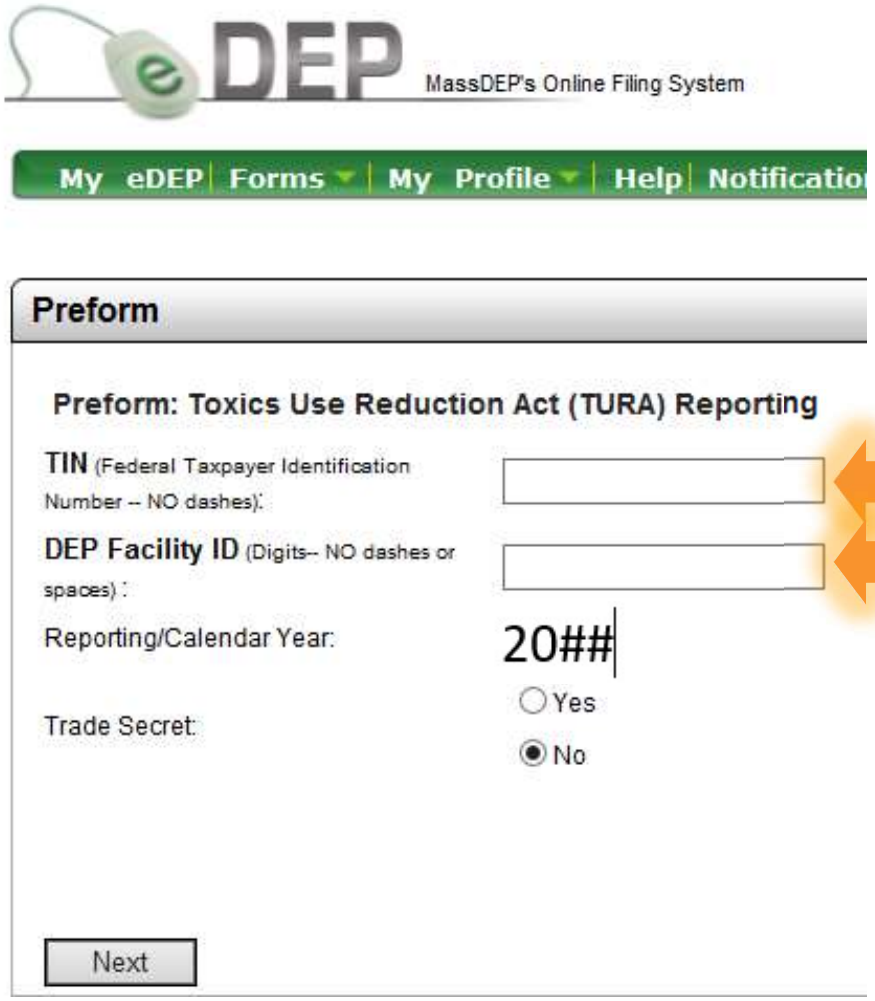
Enter your facilities TIN (tax ID#) and DEP Facility ID#



-If the **TIN (or FIEN, same #)** # is entered incorrectly, OR in DEP's database incorrectly, you will get a error code. The user needs to contact DEP and have the TIN# corrected

-If you enter in the wrong **DEP Facility ID**, you will get an error message as well. **The DEP Facility ID# is your DEPF#,** a unique number that has been assigned to your facility. It is NOT your phone, manifest, TRI (form R id), or transporter ID#).

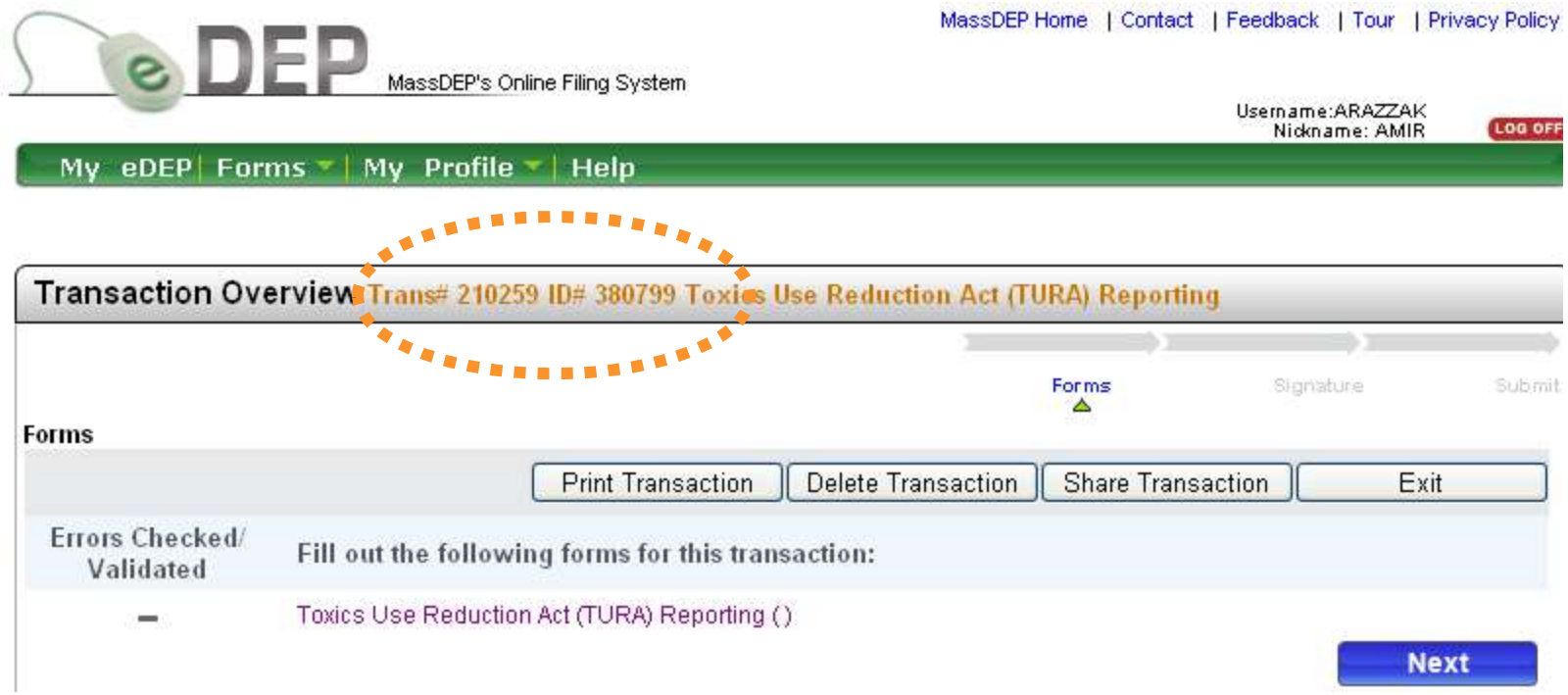
-If you enter in the #'in reverse order, you will get an error message.



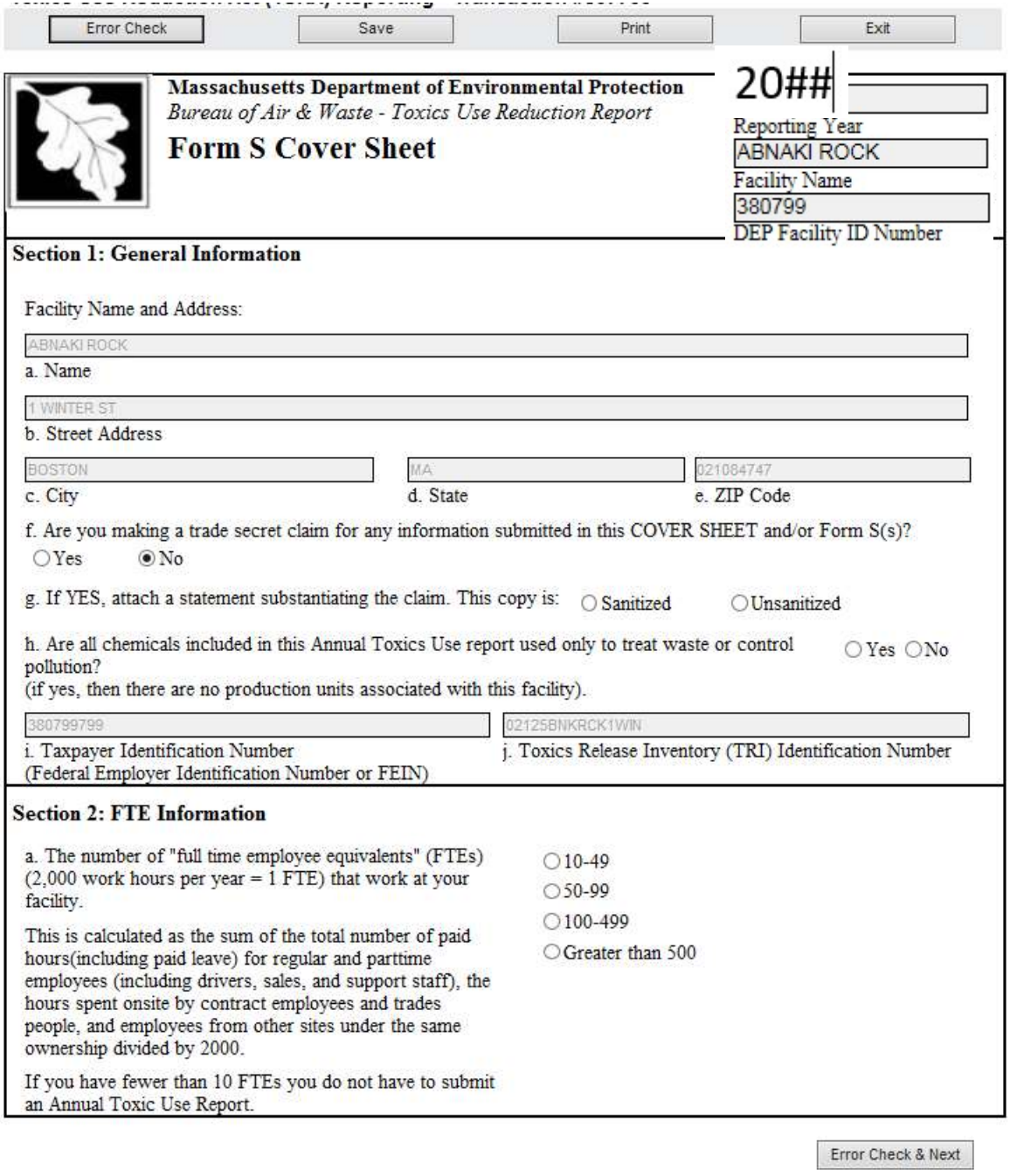
-The TIN# is entered **without any 'dashes'**
-pick the appropriate year

Trade Secret Filers (<u>very few</u>) will still check off the NO box, as you will submit ONLY Sanitized information.

The process is linear...
. ...the process begins



Form S Cover Sheet



Error Check | Save | Print | Exit

Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report
Form S Cover Sheet

20##
Reporting Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number

Section 1: General Information

Facility Name and Address:

ABNAKI ROCK
a. Name

1 WINTER ST
b. Street Address

BOSTON | MA | 021084747
c. City | d. State | e. ZIP Code

f. Are you making a trade secret claim for any information submitted in this COVER SHEET and/or Form S(s)?
○ Yes ◉ No

g. If YES, attach a statement substantiating the claim. This copy is: ○ Sanitized ○ Unsanitized

h. Are all chemicals included in this Annual Toxics Use report used only to treat waste or control pollution? ○ Yes ○ No
(if yes, then there are no production units associated with this facility).

380799799 | 02125BNKRCK1WIN
i. Taxpayer Identification Number (Federal Employer Identification Number or FEIN) | j. Toxics Release Inventory (TRI) Identification Number

Section 2: FTE Information

a. The number of "full time employee equivalents" (FTEs) (2,000 work hours per year = 1 FTE) that work at your facility.

This is calculated as the sum of the total number of paid hours(including paid leave) for regular and parttime employees (including drivers, sales, and support staff), the hours spent onsite by contract employees and trades people, and employees from other sites under the same ownership divided by 2000.

If you have fewer than 10 FTEs you do not have to submit an Annual Toxic Use Report.

○ 10-49
○ 50-99
○ 100-499
○ Greater than 500

Error Check & Next

Document your calculations & source material

If the name/address are not correct…

Solution: contact DEP

(The Facility name is the name that the facility had during calendar year **2017**.)

Section 1: General Information

Facility Name and Address:

ABNAKI ROCK

a. Name

1 WINTER ST

b. Street Address

BOSTON	MA	021084747
c. City	d. State	e. ZIP Code

f. Are you making a trade secret claim for any information submitted in this COVER SHEET and/or Form S(s)?

○ Yes ◉ No

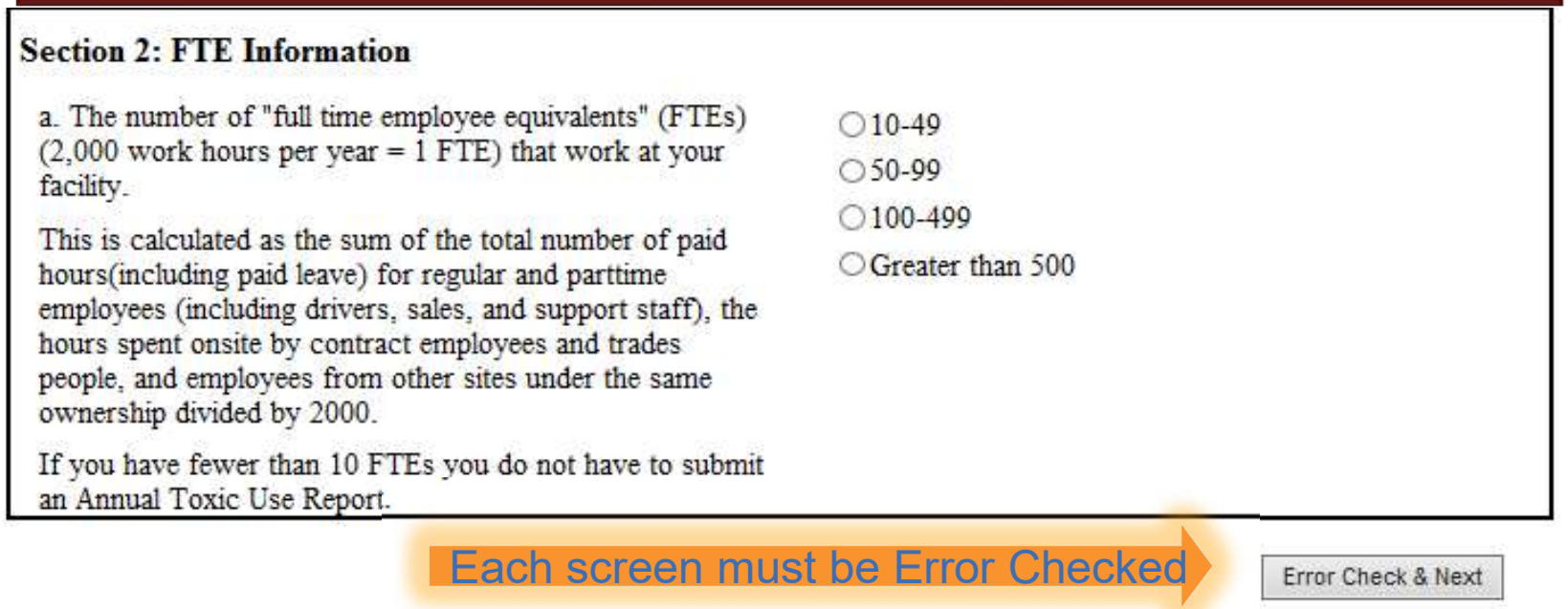
g. If YES, attach a statement substantiating the claim. This copy is: ○ Sanitized ○ Unsanitized

Are ALL of your reportable chemicals used ONLY to treat waste or control pollution?

h. Are all chemicals included in this Annual Toxics Use report used only to treat waste or control pollution? ○ Yes ○ No
(if yes, then there are no production units associated with this facility).

380799799	02125BNKRCK1WIN
i. Taxpayer Identification Number (Federal Employer Identification Number or FEIN)	j. Toxics Release Inventory (TRI) Identification Number

How do we determine what an “FTE” is? -
USE EPA’s Q&A Document as a guide
FTE questions & answers # 21-48
https://ofmpub.epa.gov/apex/guideme_ext/f?p=guideme:qa-search



Section 2: FTE Information

a. The number of "full time employee equivalents" (FTEs) (2,000 work hours per year = 1 FTE) that work at your facility.

This is calculated as the sum of the total number of paid hours(including paid leave) for regular and parttime employees (including drivers, sales, and support staff), the hours spent onsite by contract employees and trades people, and employees from other sites under the same ownership divided by 2000.

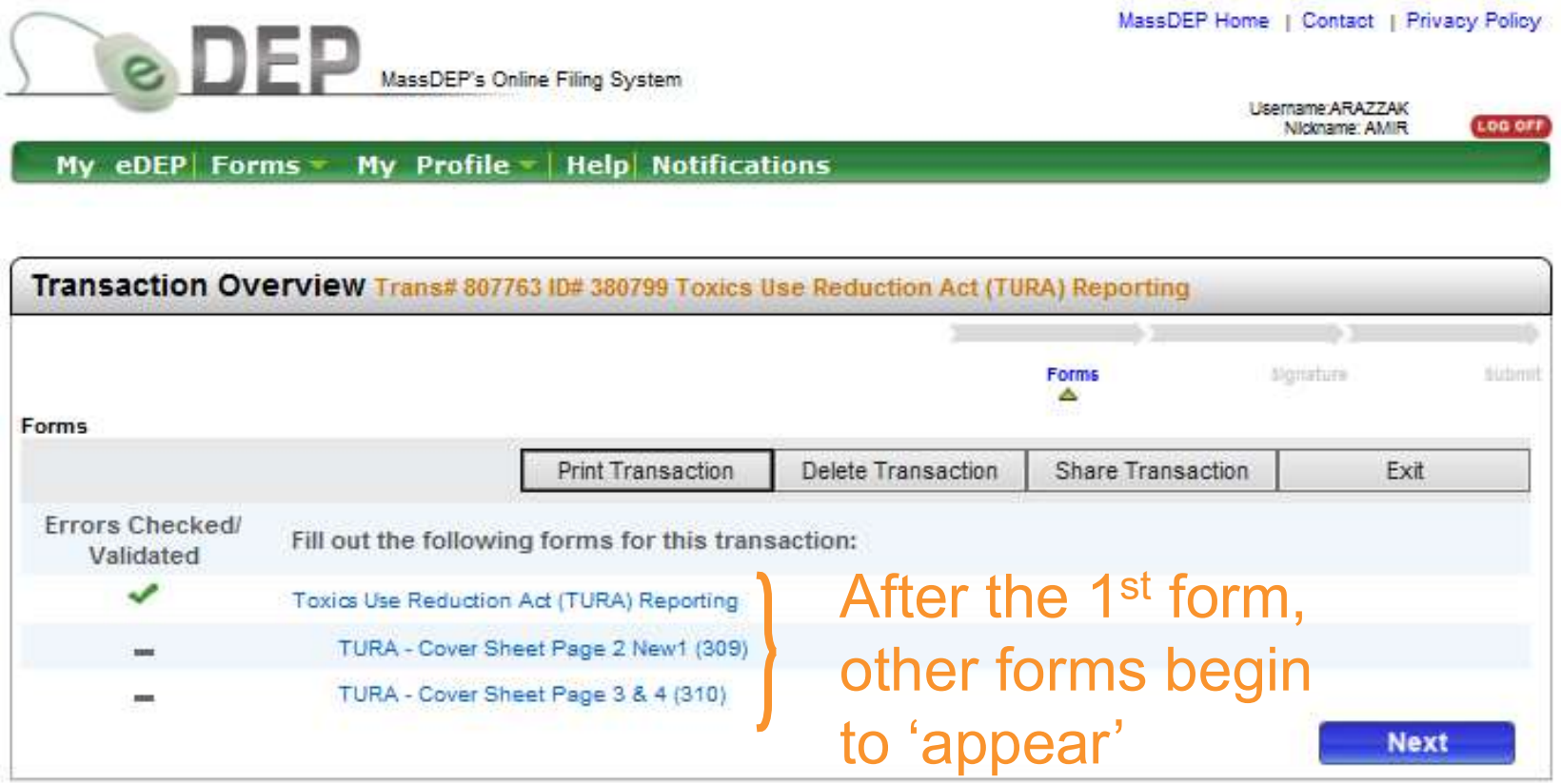
If you have fewer than 10 FTEs you do not have to submit an Annual Toxic Use Report.

○ 10-49
○ 50-99
○ 100-499
○ Greater than 500

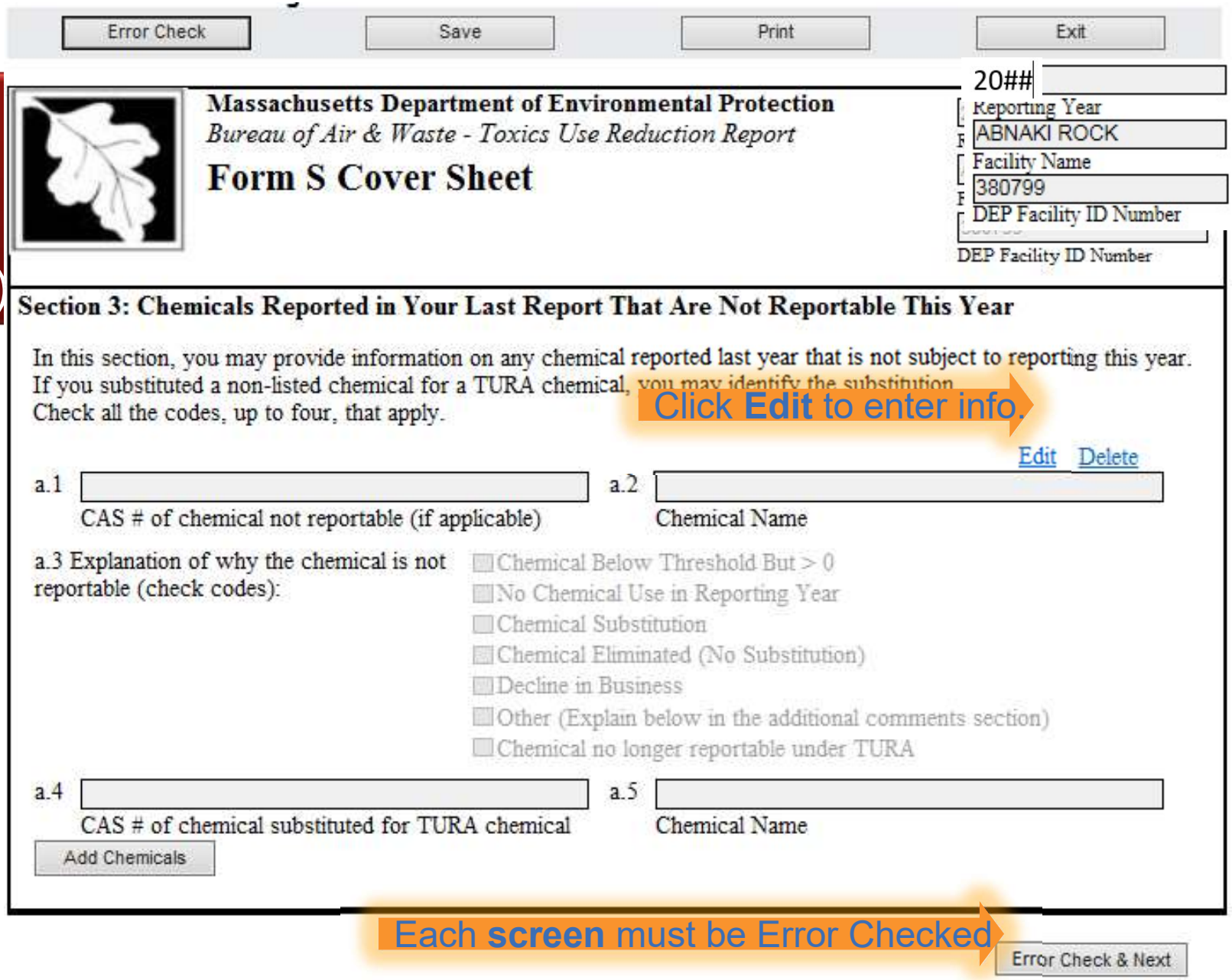
Each screen must be Error Checked

Error Check & Next

You *CAN* correct the FTE number if needed (but ALL screens will need to be re-Error Checked that follow).

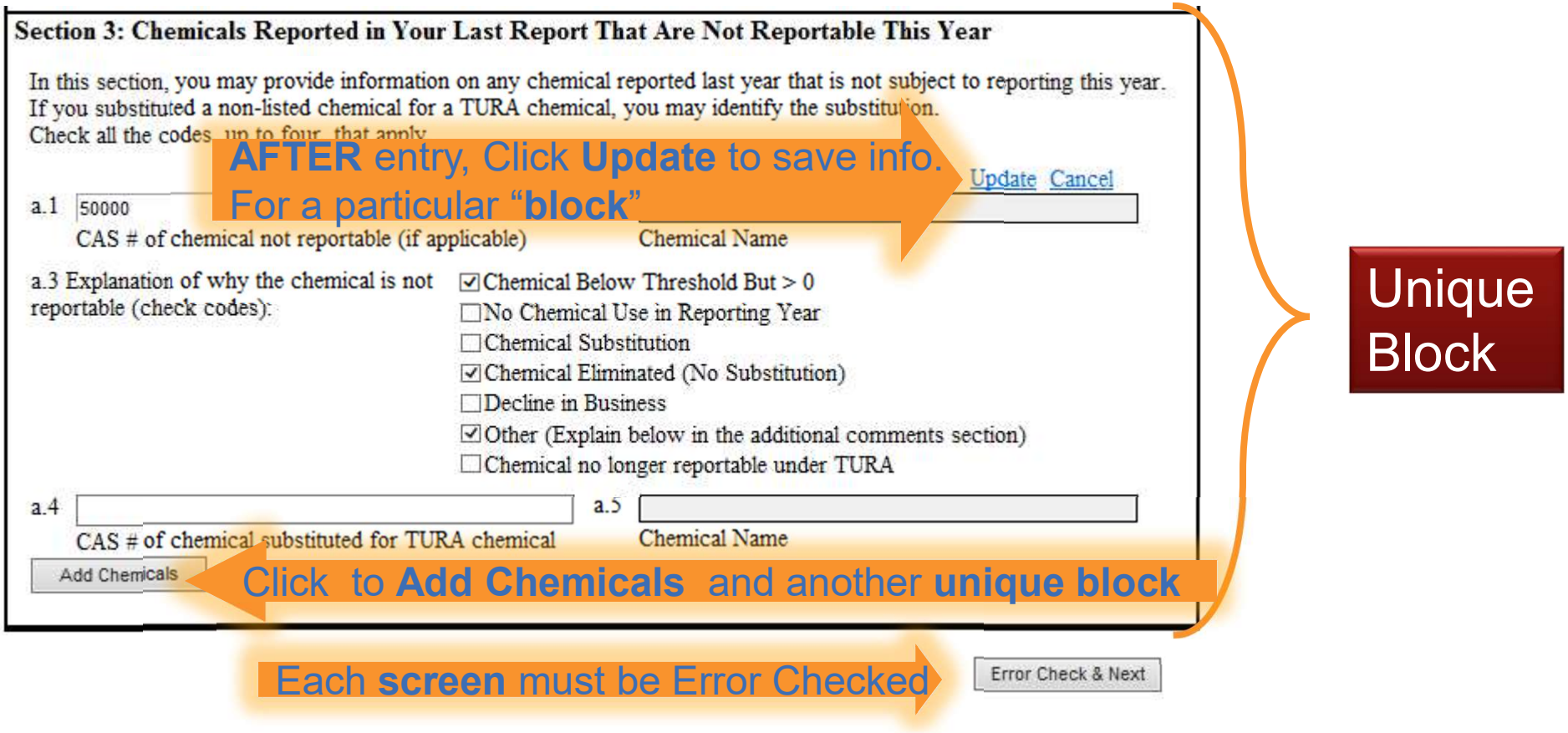

eDEP
MassDEP's Online Filing System
MassDEP Home | Contact | Privacy Policy
Username:ARAZZAK
Nickname: AMIR
LOG OFF
My eDEP | Forms | My Profile | Help | Notifications
Transaction Overview Trans# 807763 ID# 380799 Toxics Use Reduction Act (TURA) Reporting
Forms
Signature
Submit
Forms
Print Transaction
Delete Transaction
Share Transaction
Exit
Errors Checked/ Validated
Fill out the following forms for this transaction:
Toxics Use Reduction Act (TURA) Reporting
TURA - Cover Sheet Page 2 New1 (309)
TURA - Cover Sheet Page 3 & 4 (310)
After the 1st form, other forms begin to 'appear'
Next

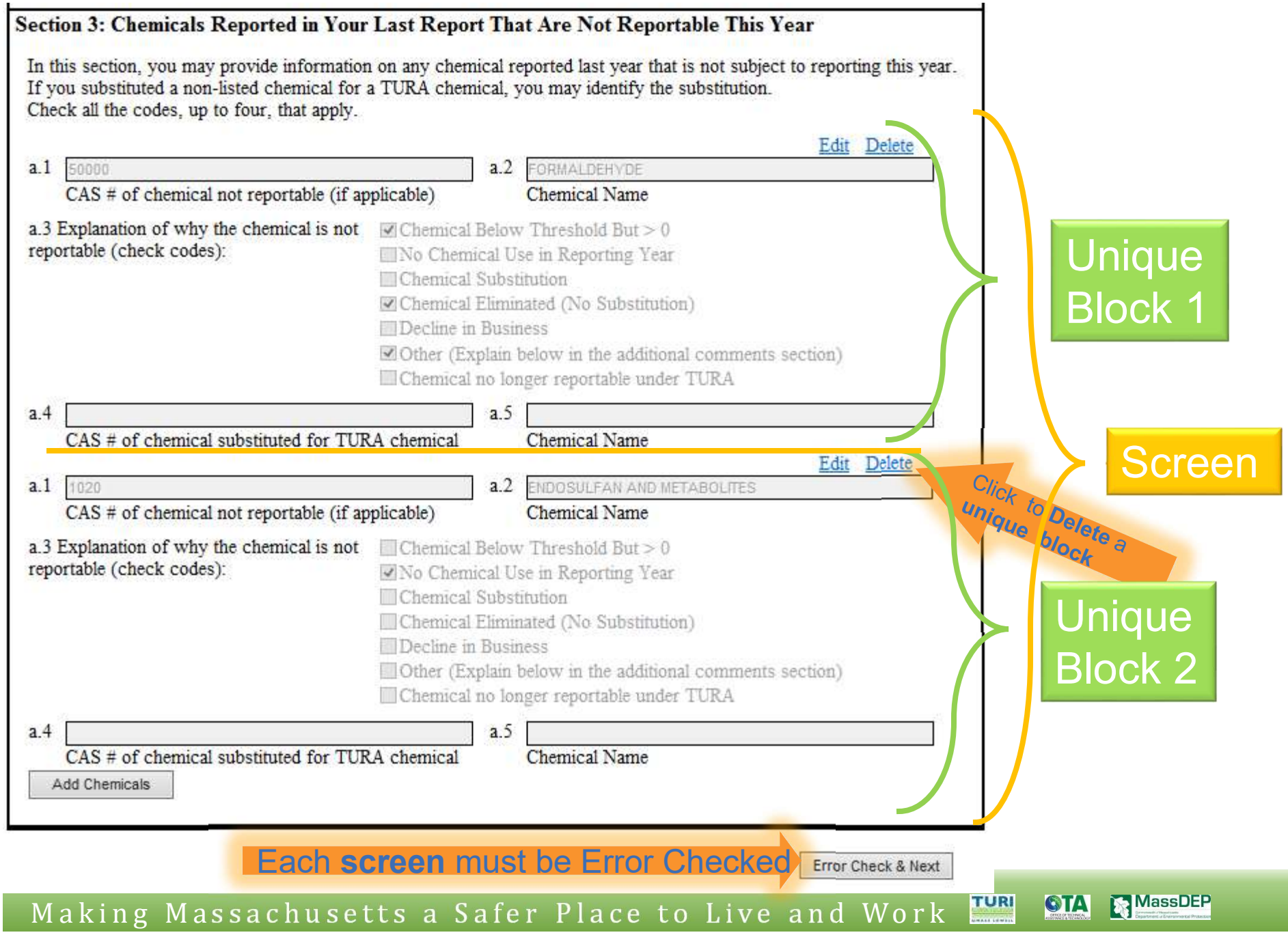
Section 3 (blank for most)



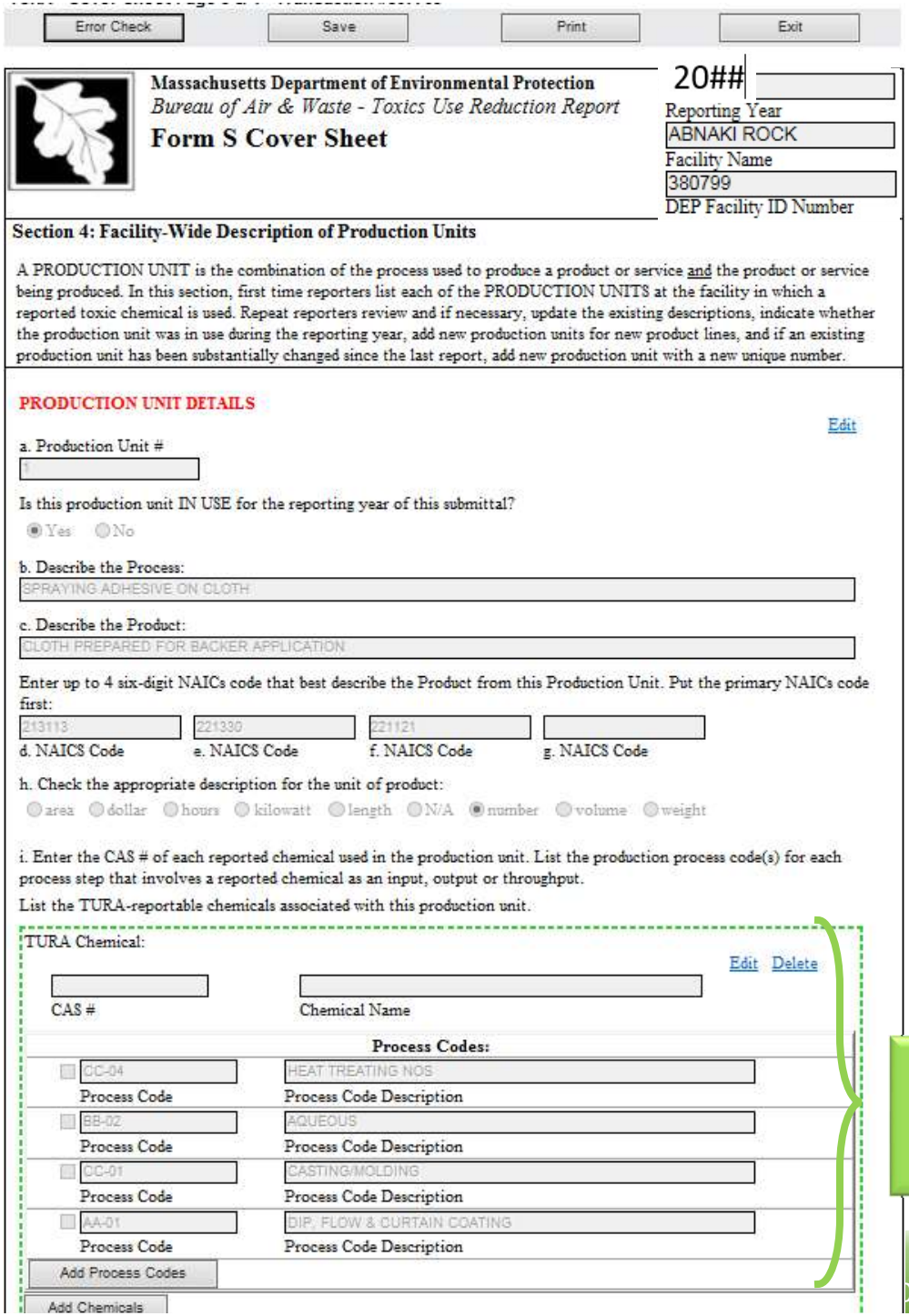
Section 3 (blank for most)

- please ONLY enter in chemicals that HAD TO BE REPORTED the prior reporting year, that do NOT have to be reported for this reporting year.
- The chemical name will fill in after Update.




Section 3: Chemicals Reported in Your Last Report That Are Not Reportable This Year
In this section, you may provide information on any chemical reported last year that is not subject to reporting this year.
If you substituted a non-listed chemical for a TURA chemical, you may identify the substitution.
Check all the codes, up to four, that apply.
Edit Delete
a.1 50000
CAS # of chemical not reportable (if applicable)
a.2 FORMALDEHYDE
Chemical Name
a.3 Explanation of why the chemical is not reportable (check codes):
Chemical Below Threshold But > 0
No Chemical Use in Reporting Year
Chemical Substitution
Chemical Eliminated (No Substitution)
Decline in Business
Other (Explain below in the additional comments section)
Chemical no longer reportable under TURA
a.4
CAS # of chemical substituted for TURA chemical
a.5
Chemical Name
Edit Delete
a.1 1020
CAS # of chemical not reportable (if applicable)
a.2 ENDOSULFAN AND METABOLITES
Chemical Name
a.3 Explanation of why the chemical is not reportable (check codes):
Chemical Below Threshold But > 0
No Chemical Use in Reporting Year
Chemical Substitution
Chemical Eliminated (No Substitution)
Decline in Business
Other (Explain below in the additional comments section)
Chemical no longer reportable under TURA
a.4
CAS # of chemical substituted for TURA chemical
a.5
Chemical Name
Add Chemicals
Unique Block 1
Screen
Click to Delete a unique block
Unique Block 2
Each screen must be Error Checked
Error Check & Next

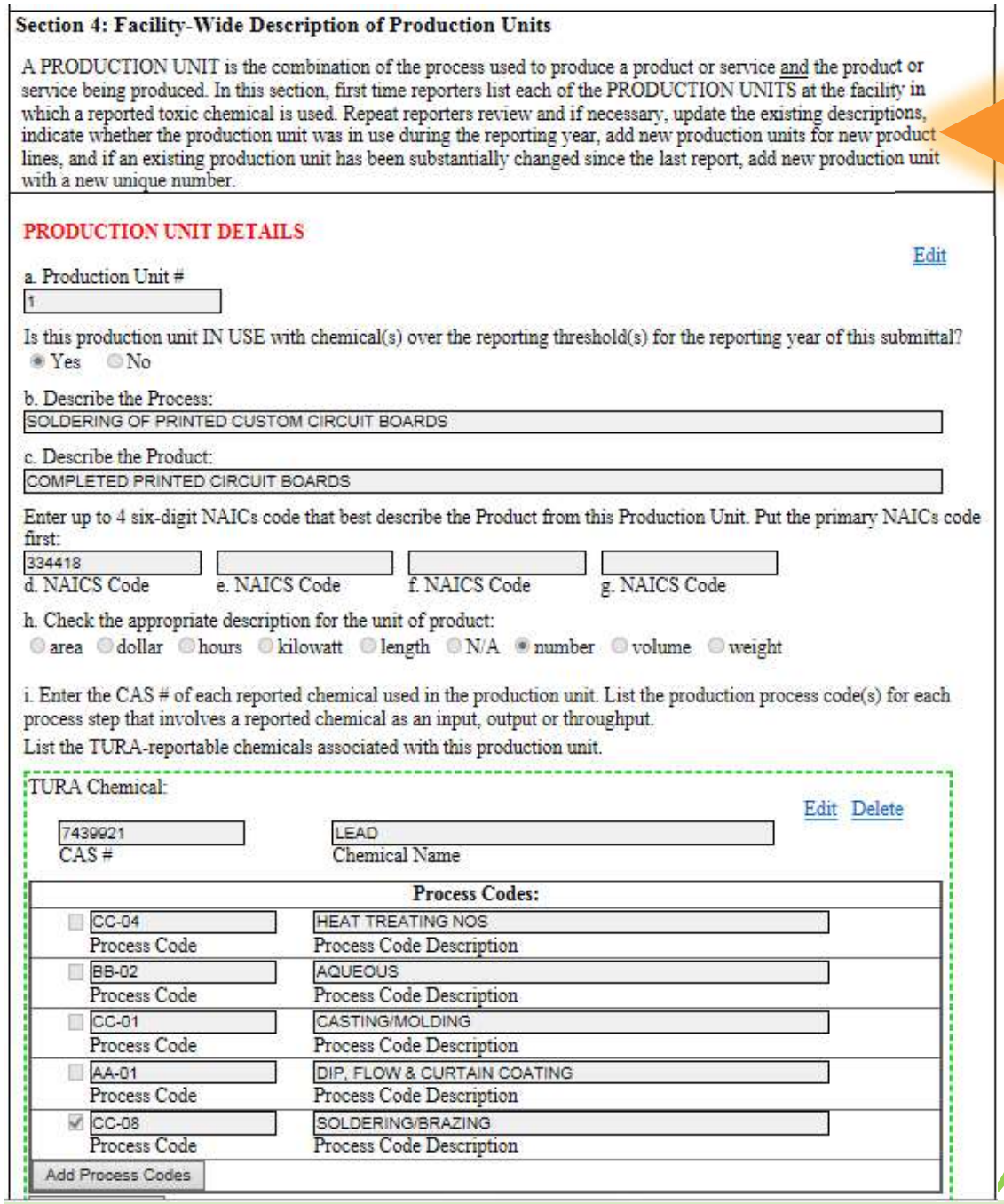
Document your calculations & source material


Error Check
Save
Print
Exit
Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report
Form S Cover Sheet
20##
Reporting Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number
Section 4: Facility-Wide Description of Production Units
A PRODUCTION UNIT is the combination of the process used to produce a product or service and the product or service being produced. In this section, first time reporters list each of the PRODUCTION UNITS at the facility in which a reported toxic chemical is used. Repeat reporters review and if necessary, update the existing descriptions, indicate whether the production unit was in use during the reporting year, add new production units for new product lines, and if an existing production unit has been substantially changed since the last report, add new production unit with a new unique number.
PRODUCTION UNIT DETAILS
Edit
a. Production Unit #
1
Is this production unit IN USE for the reporting year of this submittal?
Yes
No
b. Describe the Process:
SPRAYING ADHESIVE ON CLOTH
c. Describe the Product:
CLOTH PREPARED FOR BACKER APPLICATION
Enter up to 4 six-digit NAICs code that best describe the Product from this Production Unit. Put the primary NAICs code first:
213113
d. NAICS Code
221330
e. NAICS Code
221121
f. NAICS Code
g. NAICS Code
h. Check the appropriate description for the unit of product:
area
dollar
hours
kilowatt
length
N/A
number
volume
weight
i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.
List the TURA-reportable chemicals associated with this production unit.
TURA Chemical:
Edit
Delete
CAS #
Chemical Name
Process Codes:
CC-04
Process Code
HEAT TREATING NOS
Process Code Description
BB-02
Process Code
AQUEOUS
Process Code Description
CC-01
Process Code
CASTING/MOLDING
Process Code Description
AA-01
Process Code
DIP, FLOW & CURTAIN COATING
Process Code Description
Add Process Codes
Add Chemicals

IF the descriptions **are incorrect**, OR if you have a **NEW** production unit, you will need to create a new production unit.

Screen – can include more than 1 Production Unit – Scroll DOWN to access other already created PU's.

Unique Block 1



Section 4: Facility-Wide Description of Production Units

A PRODUCTION UNIT is the combination of the process used to produce a product or service and the product or service being produced. In this section, first time reporters list each of the PRODUCTION UNITS at the facility in which a reported toxic chemical is used. Repeat reporters review and if necessary, update the existing descriptions, indicate whether the production unit was in use during the reporting year, add new production units for new product lines, and if an existing production unit has been substantially changed since the last report, add new production unit with a new unique number.

PRODUCTION UNIT DETAILS

Edit

a. Production Unit #
1

Is this production unit IN USE with chemical(s) over the reporting threshold(s) for the reporting year of this submittal?
(•) Yes ( ) No

b. Describe the Process:
SOLDERING OF PRINTED CUSTOM CIRCUIT BOARDS

c. Describe the Product:
COMPLETED PRINTED CIRCUIT BOARDS

Enter up to 4 six-digit NAICs code that best describe the Product from this Production Unit. Put the primary NAICs code first:

334418			
d. NAICS Code	e. NAICS Code	f. NAICS Code	g. NAICS Code

h. Check the appropriate description for the unit of product:
( ) area ( ) dollar ( ) hours ( ) kilowatt ( ) length ( ) N/A (•) number ( ) volume ( ) weight

i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.
List the TURA-reportable chemicals associated with this production unit.

TURA Chemical:

Edit Delete

7439921	LEAD
CAS #	Chemical Name

Process Codes:

[ ] CC-04	HEAT TREATING NOS	Process Code / Process Code Description
[ ] BB-02	AQUEOUS	Process Code / Process Code Description
[ ] CC-01	CASTING/MOLDING	Process Code / Process Code Description
[ ] AA-01	DIP, FLOW & CURTAIN COATING	Process Code / Process Code Description
[x] CC-08	SOLDERING/BRAZING	Process Code / Process Code Description

Add Process Codes

Click on **Edit** to enter data in this unique block

Unique Block 1

All Production Units will appear on this Screen, **each** in an individual & separately edited & saved unique block.

Form S – Section 4 (ALL PU's listed on this SCREEN)
Production Unit in use THIS reporting year with reportable chemical(s) over threshold

Section 4: Facility-Wide Description of Production Units

A PRODUCTION UNIT is the combination of the process used to produce a product or service and the product or service being produced. In this section, first time reporters list each of the PRODUCTION UNITS at the facility in which a reported toxic chemical is used. Repeat reporters review and if necessary, update the existing descriptions, indicate whether the production unit was in use during the reporting year, add new production units for new product lines, and if an existing production unit has been substantially changed since the last report, add new production unit with a new unique number.

PRODUCTION UNIT DETAILS

1 **EDIT** to change or add NAICS Codes, **Update** when complete with this UNIQUE BLOCK

Edit

a. Production Unit #
1

Is this production unit IN USE with chemical(s) over the reporting thresh
(•) Yes ( ) No

2 PU in Use?

b. Describe the Process:
SOLDERING OF PRINTED CUSTOM CIRCUIT BOARDS

c. Describe the Product:
COMPLETED PRINTED CIRCUIT BOARDS

Enter up to 4 six-digit NAICs code that best describe the Product from this Production Unit. Put the primary NAICS code first:

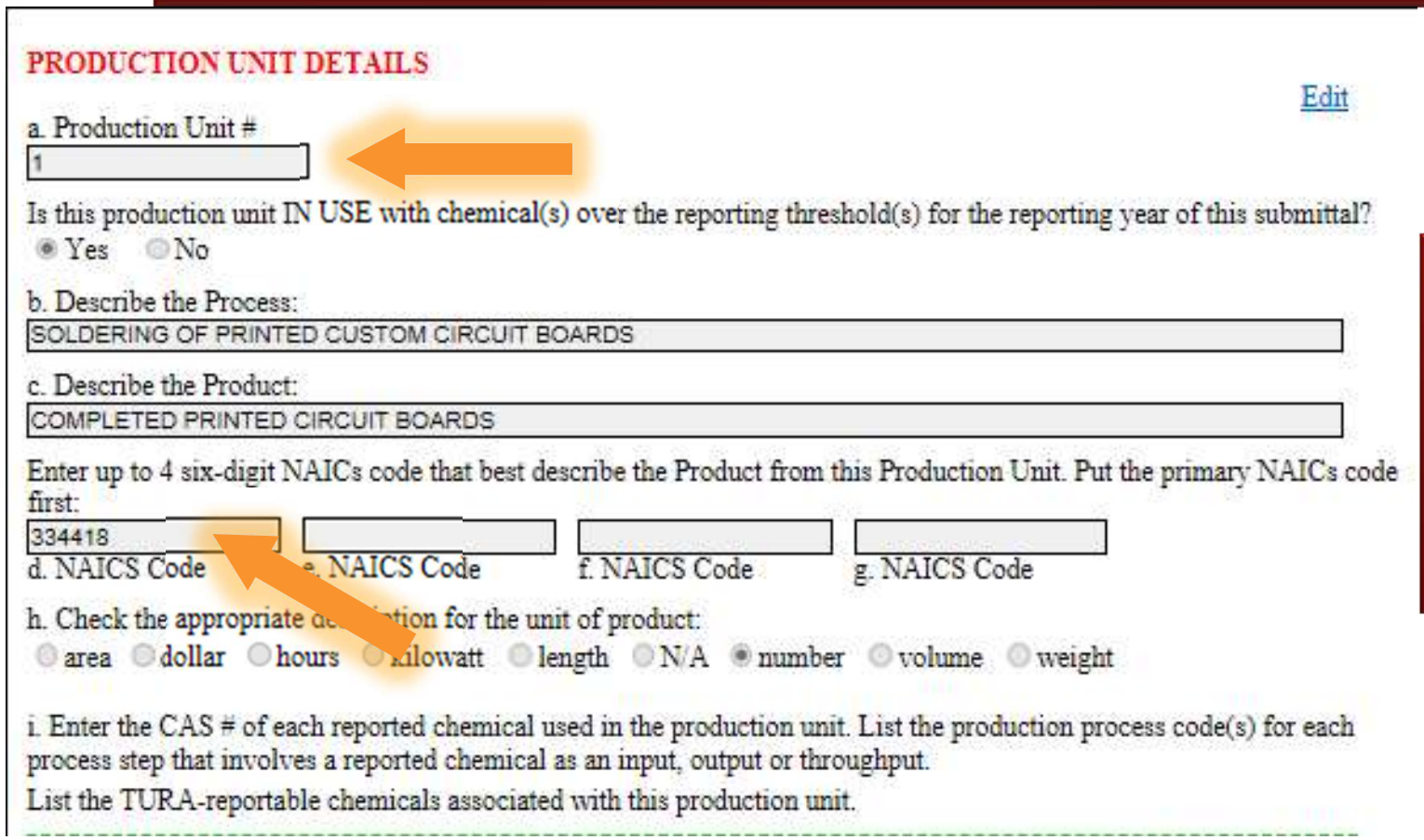
d. NAICS Code	e. NAICS Code	f. NAICS Code	g. NAICS Code
334418			

h. Check the appropriate description for the unit of product:
( ) area ( ) dollar ( ) hours ( ) kilowatt ( ) length ( ) N/A (•) number ( ) volume ( ) weight

3 IF the descriptions **are incorrect**, OR if you have a **NEW** production unit, you will need to create a new production unit. If you want to permanently eliminate a Production Unit contact Walter Hope (617 292 5982)

Unique Block 1

Section 4: Toxics Use by Production Unit – ALL Production Units will be listed on this SCREEN (scroll down) Each is a separate BLOCK.



PRODUCTION UNIT DETAILS

Edit

a. Production Unit #

1

Is this production unit IN USE with chemical(s) over the reporting threshold(s) for the reporting year of this submittal?

(•) Yes ( ) No

b. Describe the Process:

SOLDERING OF PRINTED CUSTOM CIRCUIT BOARDS

c. Describe the Product:

COMPLETED PRINTED CIRCUIT BOARDS

Enter up to 4 six-digit NAICs code that best describe the Product from this Production Unit. Put the primary NAICs code first:

334418 | | | |

d. NAICS Code | e. NAICS Code | f. NAICS Code | g. NAICS Code

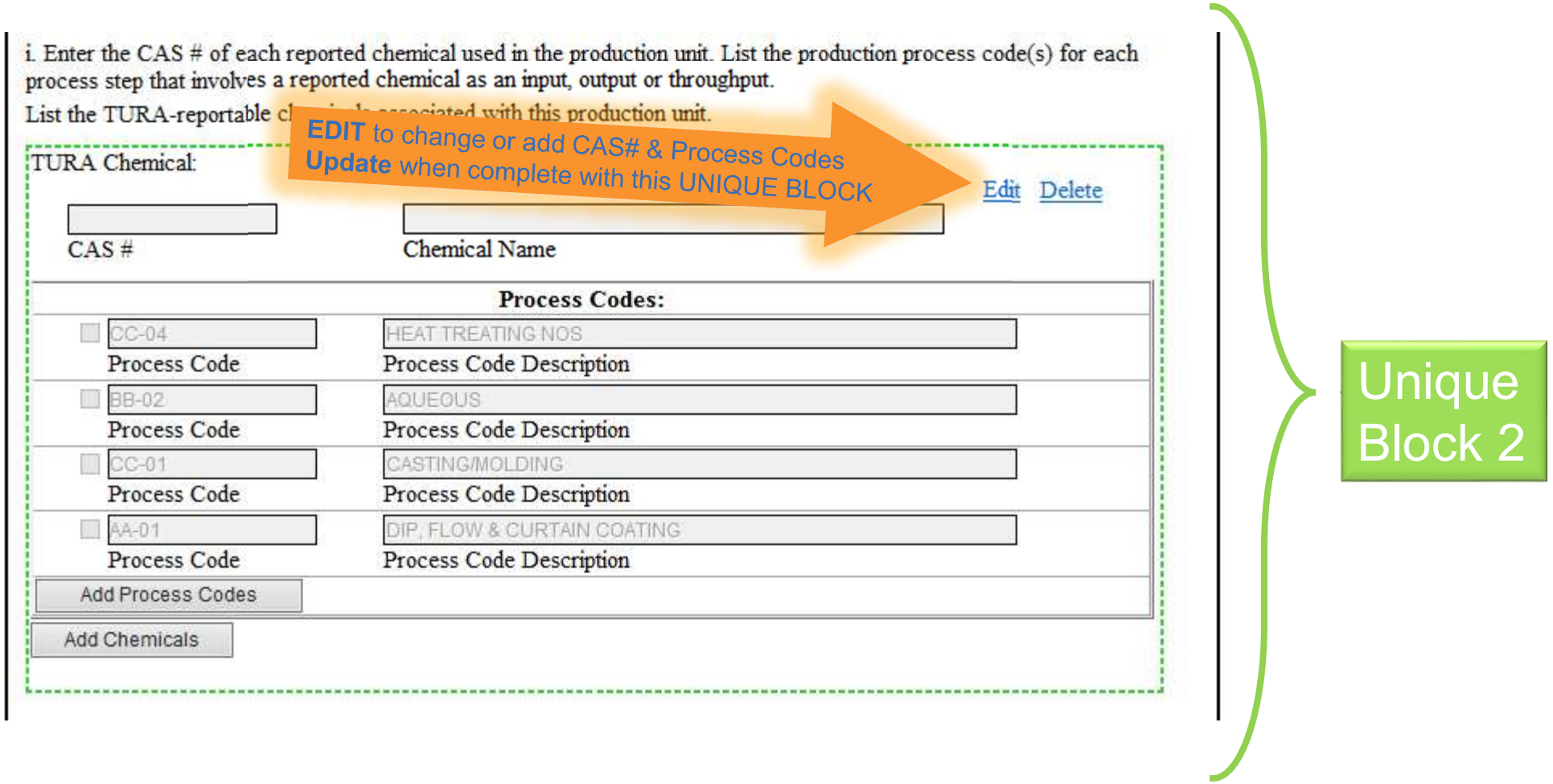
h. Check the appropriate description for the unit of product:

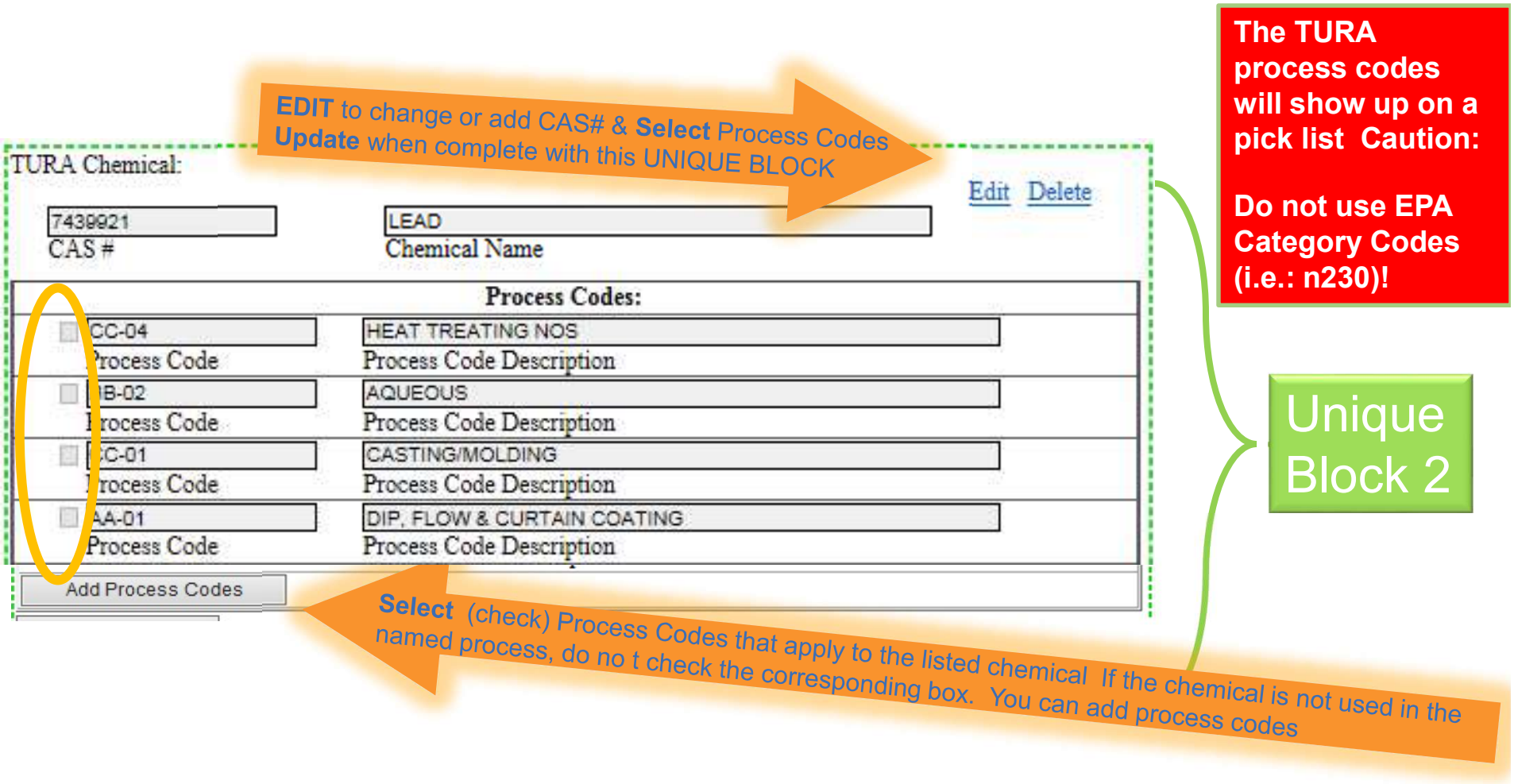
( ) area ( ) dollar ( ) hours ( ) kilowatt ( ) length ( ) N/A (•) number ( ) volume ( ) weight

i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.

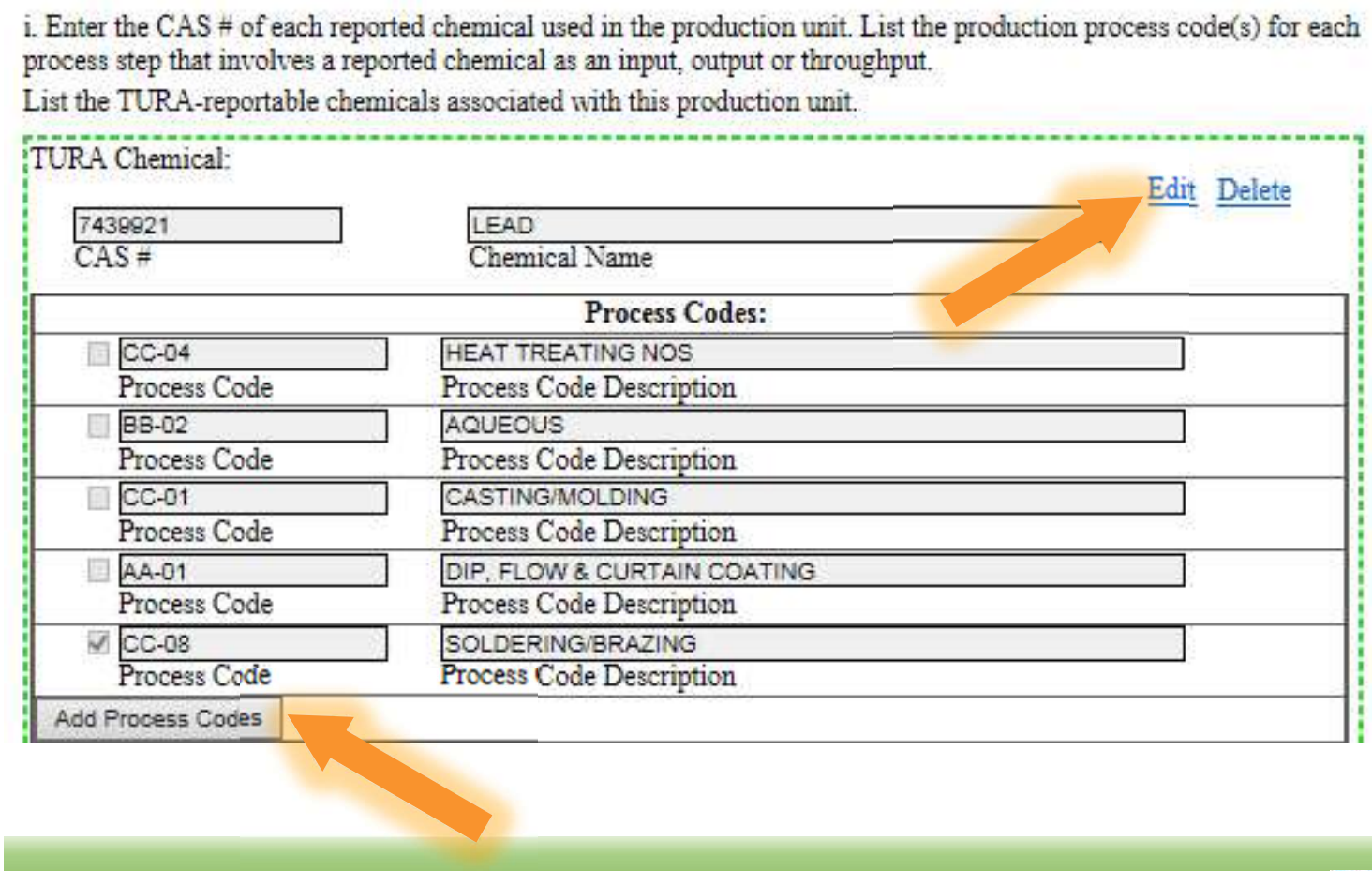
List the TURA-reportable chemicals associated with this production unit.

ALL codes can be picked by clicking on "Select"


i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.
List the TURA-reportable
EDIT to change or add CAS# & Process Codes
Update when complete with this UNIQUE BLOCK
TURA Chemical:
Edit
Delete
CAS #
Chemical Name
Process Codes:
CC-04
HEAT TREATING NOS
Process Code
Process Code Description
BB-02
AQUEOUS
Process Code
Process Code Description
CC-01
CASTING/MOLDING
Process Code
Process Code Description
AA-01
DIP, FLOW & CURTAIN COATING
Process Code
Process Code Description
Add Process Codes
Add Chemicals
Unique Block 2


EDIT to change or add CAS# & Select Process Codes
Update when complete with this UNIQUE BLOCK
TURA Chemical:
Edit Delete
7439921
CAS #
LEAD
Chemical Name
Process Codes:
CC-04
Process Code
HEAT TREATING NOS
Process Code Description
B-02
Process Code
AQUEOUS
Process Code Description
C-01
Process Code
CASTING/MOLDING
Process Code Description
AA-01
Process Code
DIP, FLOW & CURTAIN COATING
Process Code Description
Add Process Codes
Select (check) Process Codes that apply to the listed chemical If the chemical is not used in the named process, do no t check the corresponding box. You can add process codes
The TURA process codes will show up on a pick list Caution:
Do not use EPA Category Codes (i.e.: n230)!
Unique Block 2

Section 4: Toxics Use by Production Unit – ALL Production Units will be listed on this SCREEN (scroll down) Each is a separate BLOCK.


i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.
List the TURA-reportable chemicals associated with this production unit.

TURA Chemical:

Edit Delete

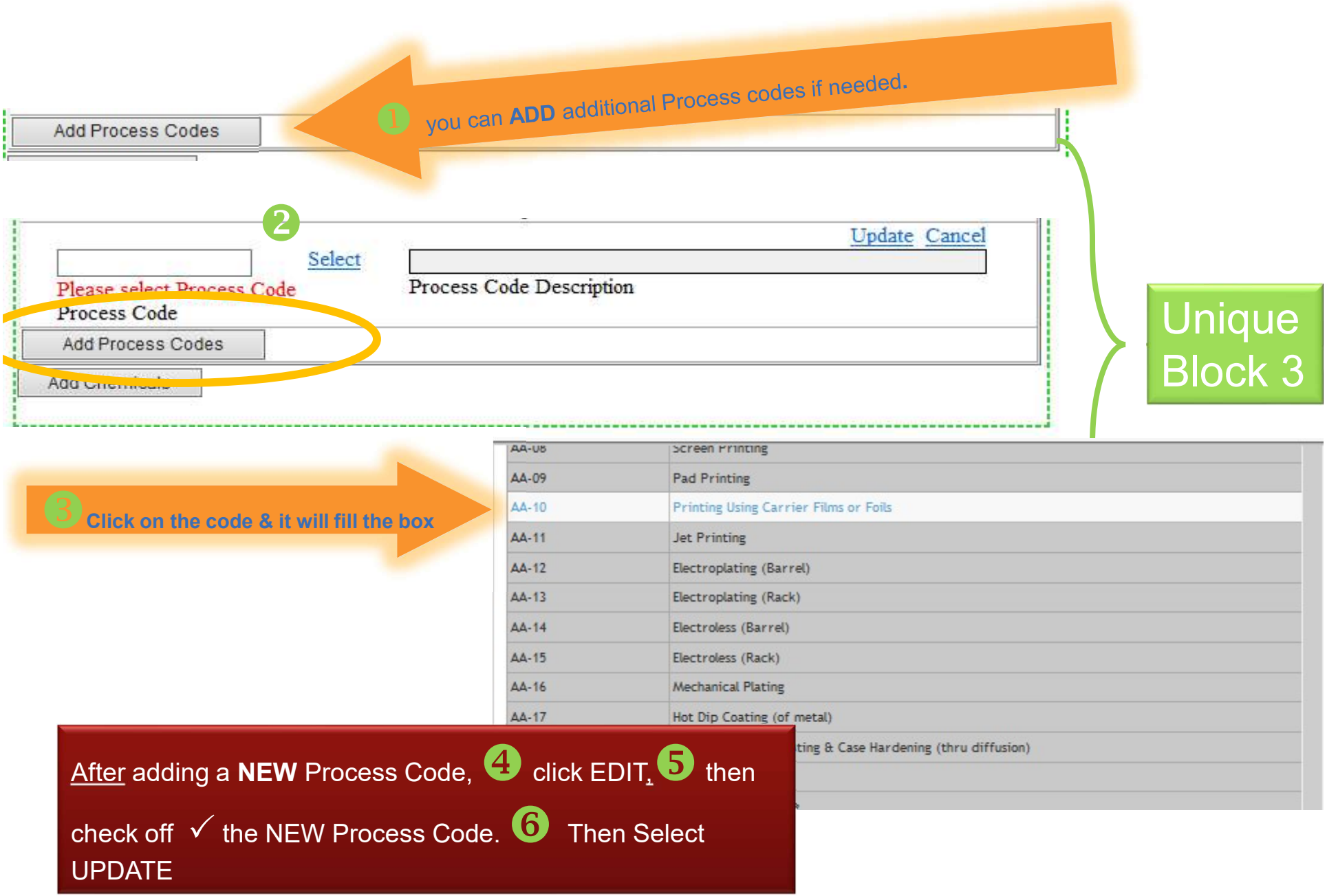
7439921 — CAS #

LEAD — Chemical Name

Process Codes:	
☐ CC-04 — Process Code	HEAT TREATING NOS — Process Code Description
☐ BB-02 — Process Code	AQUEOUS — Process Code Description
☐ CC-01 — Process Code	CASTING/MOLDING — Process Code Description
☐ AA-01 — Process Code	DIP, FLOW & CURTAIN COATING — Process Code Description
☑ CC-08 — Process Code	SOLDERING/BRAZING — Process Code Description

Add Process Codes

ALL codes can be picked by clicking on "Select"


1 you can ADD additional Process codes if needed.
Add Process Codes
2
Update Cancel
Select
Please select Process Code
Process Code Description
Process Code
Add Process Codes
Unique Block 3
3 Click on the code & it will fill the box
AA-09 Pad Printing
AA-10 Printing Using Carrier Films or Foils
AA-11 Jet Printing
AA-12 Electroplating (Barrel)
AA-13 Electroplating (Rack)
AA-14 Electroless (Barrel)
AA-15 Electroless (Rack)
AA-16 Mechanical Plating
AA-17 Hot Dip Coating (of metal)
After adding a NEW Process Code, 4 click EDIT, 5 then check off ✓ the NEW Process Code. 6 Then Select UPDATE

i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.

List the TURA-reportable chemicals associated with this production unit.

TURA Chemical:

Edit Delete

CAS # | Chemical Name

Process Codes:

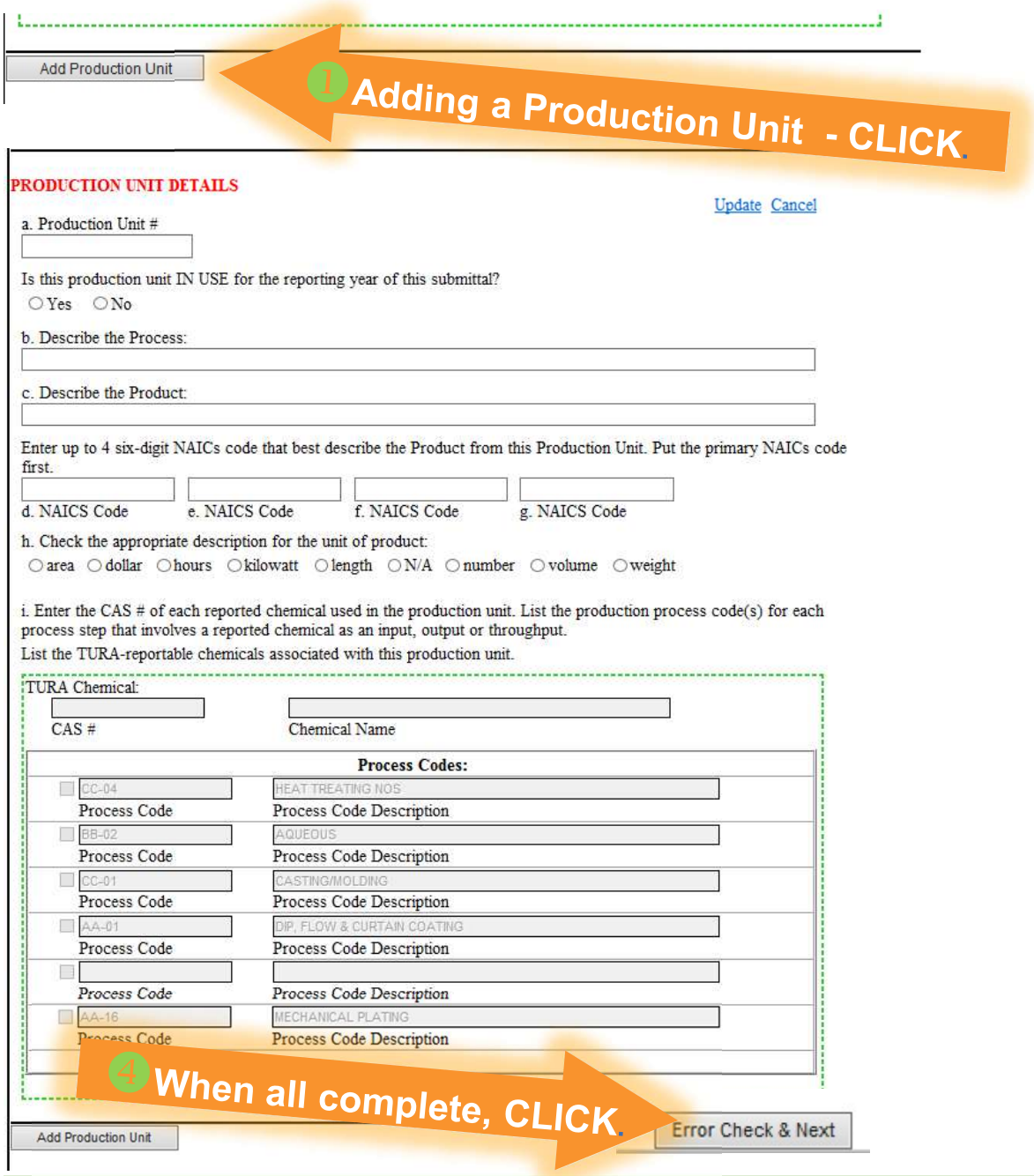
Process Code	Process Code Description
CC-04	HEAT TREATING NOS
BB-02	AQUEOUS
CC-01	CASTING/MOLDING
AA-01	DIP, FLOW & CURTAIN COATING

Add Process Codes

Add Chemicals

Click to add another chemical for this production Unit

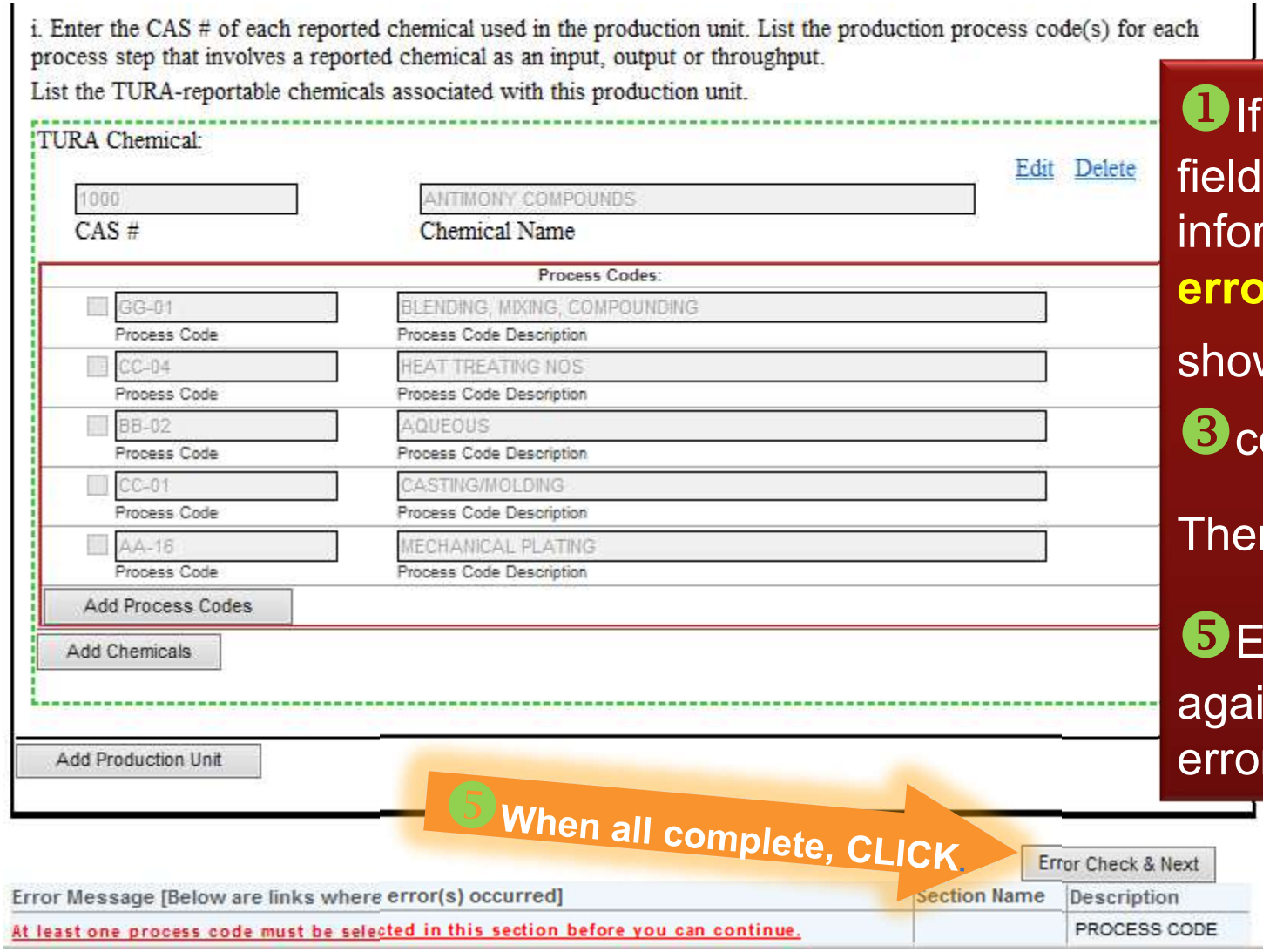
Unique Block 2



❷ Complete ALL fields in the BLOCK, when complete click on ❸ UPDATE.

When ALL blocks are completed (all Production Units are entered, all Process Codes checked, all CAS#'s entered for EACH Production Unit, then click on top LEFT or bottom RIGHT :

❹ Error Check & Next

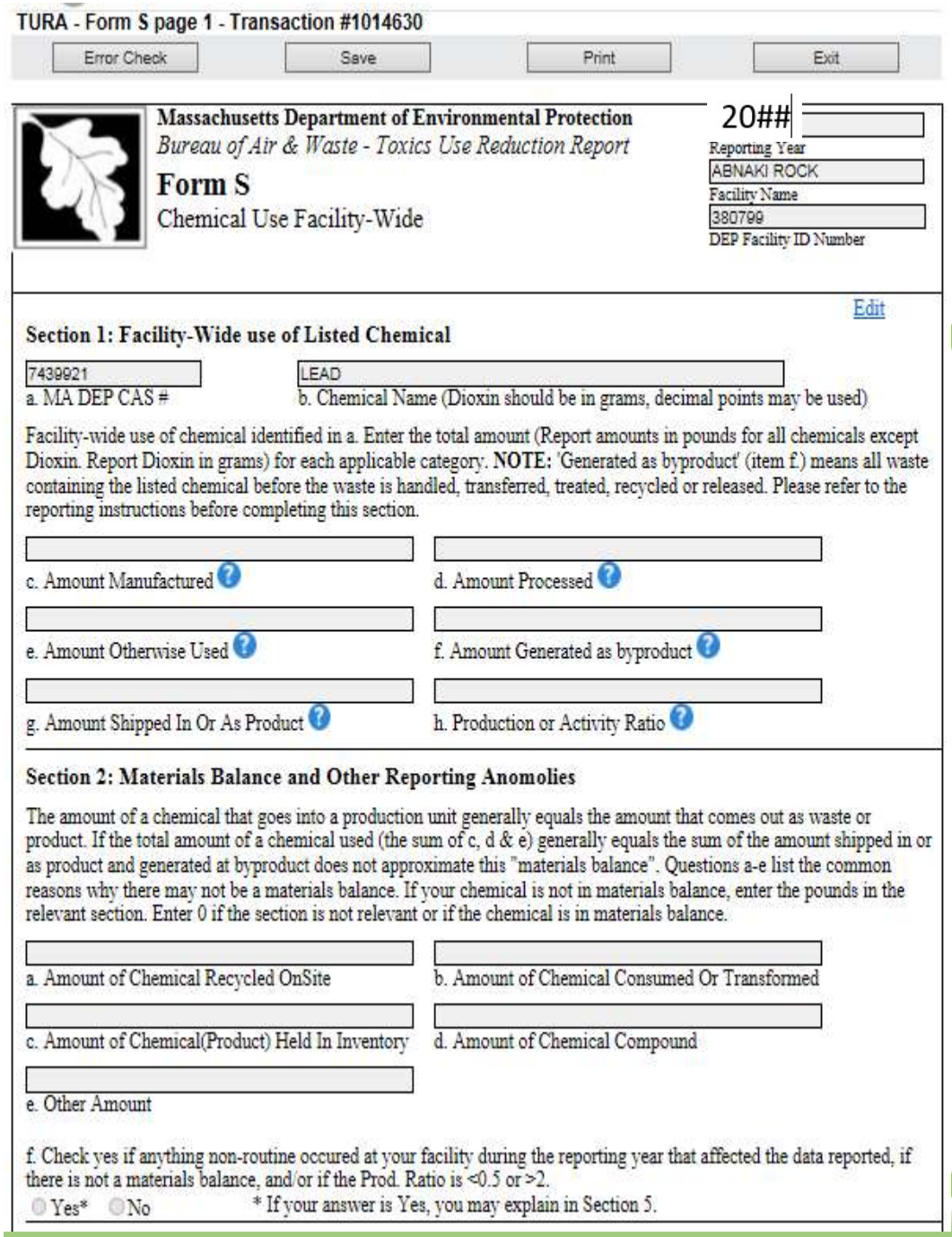


❶ If there are any fields that are missing information or un-✓, an **error message** will show in **RED**. ❷ Edit, ❸ correct & ❹ Update.

Then click

❺ Error Check & Next again until the page is error free.

❺ When all complete, CLICK.


TURA - Form S page 1 - Transaction #1014630

Error Check | Save | Print | Exit

Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Form S
Chemical Use Facility-Wide

20## Reporting Year
ABNAKI ROCK Facility Name
380799 DEP Facility ID Number

Edit

Section 1: Facility-Wide use of Listed Chemical

7439921 a. MA DEP CAS #
LEAD b. Chemical Name (Dioxin should be in grams, decimal points may be used)

Facility-wide use of chemical identified in a. Enter the total amount (Report amounts in pounds for all chemicals except Dioxin. Report Dioxin in grams) for each applicable category. **NOTE:** 'Generated as byproduct' (item f.) means all waste containing the listed chemical before the waste is handled, transferred, treated, recycled or released. Please refer to the reporting instructions before completing this section.

c. Amount Manufactured
d. Amount Processed
e. Amount Otherwise Used
f. Amount Generated as byproduct
g. Amount Shipped In Or As Product
h. Production or Activity Ratio

Section 2: Materials Balance and Other Reporting Anomolies

The amount of a chemical that goes into a production unit generally equals the amount that comes out as waste or product. If the total amount of a chemical used (the sum of c, d & e) generally equals the sum of the amount shipped in or as product and generated at byproduct does not approximate this "materials balance". Questions a-e list the common reasons why there may not be a materials balance. If your chemical is not in materials balance, enter the pounds in the relevant section. Enter 0 if the section is not relevant or if the chemical is in materials balance.

a. Amount of Chemical Recycled OnSite
b. Amount of Chemical Consumed Or Transformed
c. Amount of Chemical(Product) Held In Inventory
d. Amount of Chemical Compound
e. Other Amount

f. Check yes if anything non-routine occured at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 or >2.
Yes* No * If your answer is Yes, you may explain in Section 5.

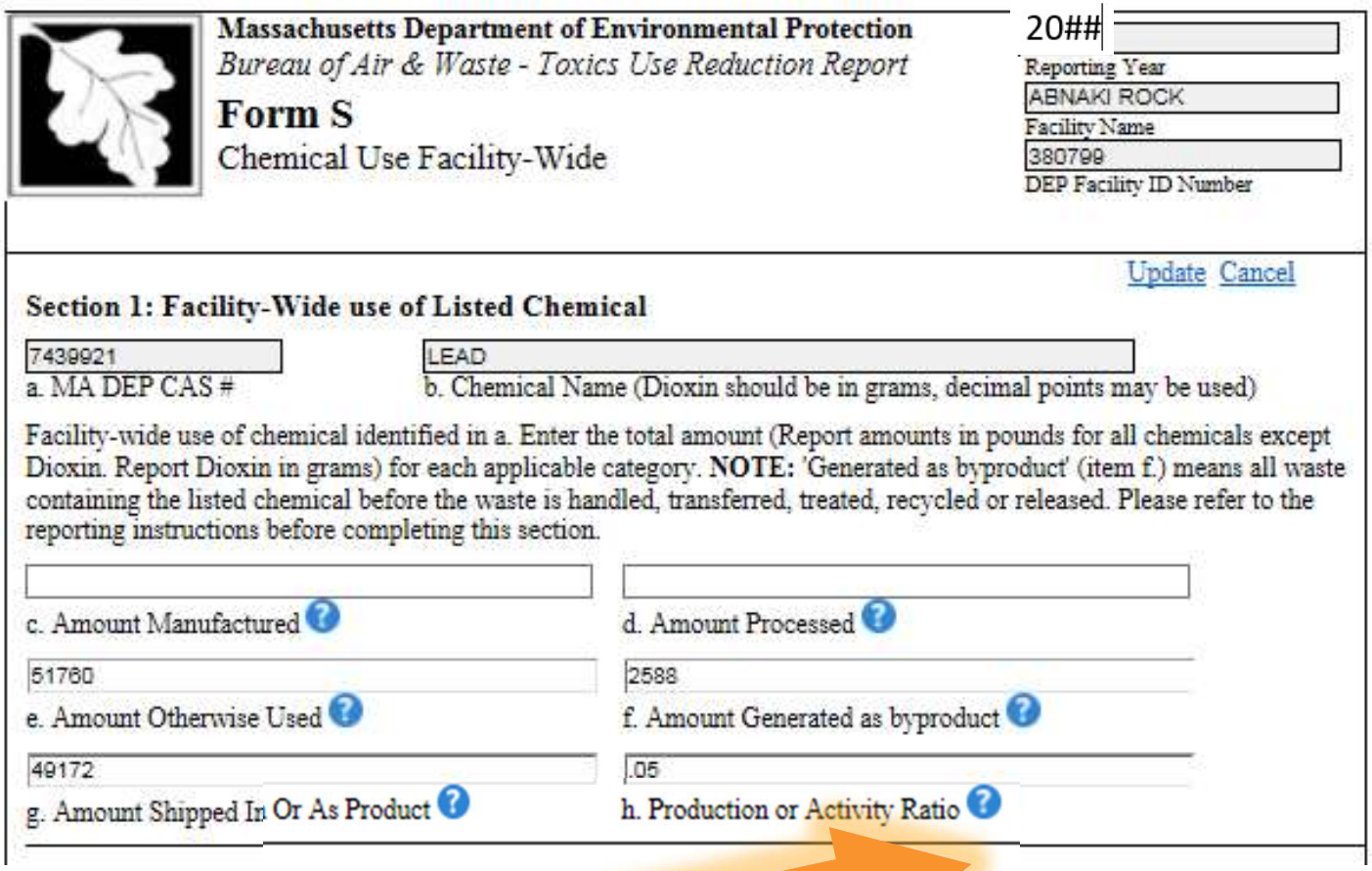
Form S

Unique Block 1

Screen – can include more than 1 Chemical – Scroll DOWN to access other chemicals.

All CAS#'s/ Chemicals will appear on this Screen, **each** in an individual & separat-ely edited & saved unique block.

Enter the pounds of chemicals, enter zero / 0 if applicable. Less than a pound may be reported if PBTs or Dioxin (grams).



Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Form S
Chemical Use Facility-Wide

20## Reporting Year
ABNAKI ROCK Facility Name
380799 DEP Facility ID Number

Update Cancel

Section 1: Facility-Wide use of Listed Chemical

7439921 a. MA DEP CAS #
LEAD b. Chemical Name (Dioxin should be in grams, decimal points may be used)

Facility-wide use of chemical identified in a. Enter the total amount (Report amounts in pounds for all chemicals except Dioxin. Report Dioxin in grams) for each applicable category. **NOTE:** 'Generated as byproduct' (item f.) means all waste containing the listed chemical before the waste is handled, transferred, treated, recycled or released. Please refer to the reporting instructions before completing this section.

c. Amount Manufactured
d. Amount Processed
51760 e. Amount Otherwise Used
2588 f. Amount Generated as byproduct
49172 g. Amount Shipped In Or As Product
.05 h. Production or Activity Ratio

Hover over the ? to see the definition

-all entry fields **MUST** have a number entered – at least a **zero**.

-this is a common validation problem…

-we do **NOT** expect you to report to the 4th decimal point, UNLESS the chemical is Dioxin &/or Dioxin Compounds

Update Cancel

Section 1: Facility-Wide use of Listed Chemical

a. MA DEP CAS #	b. Chemical Name (Dioxin should be in grams, decimal points may be used)
1000	ANTIMONY COMPOUNDS

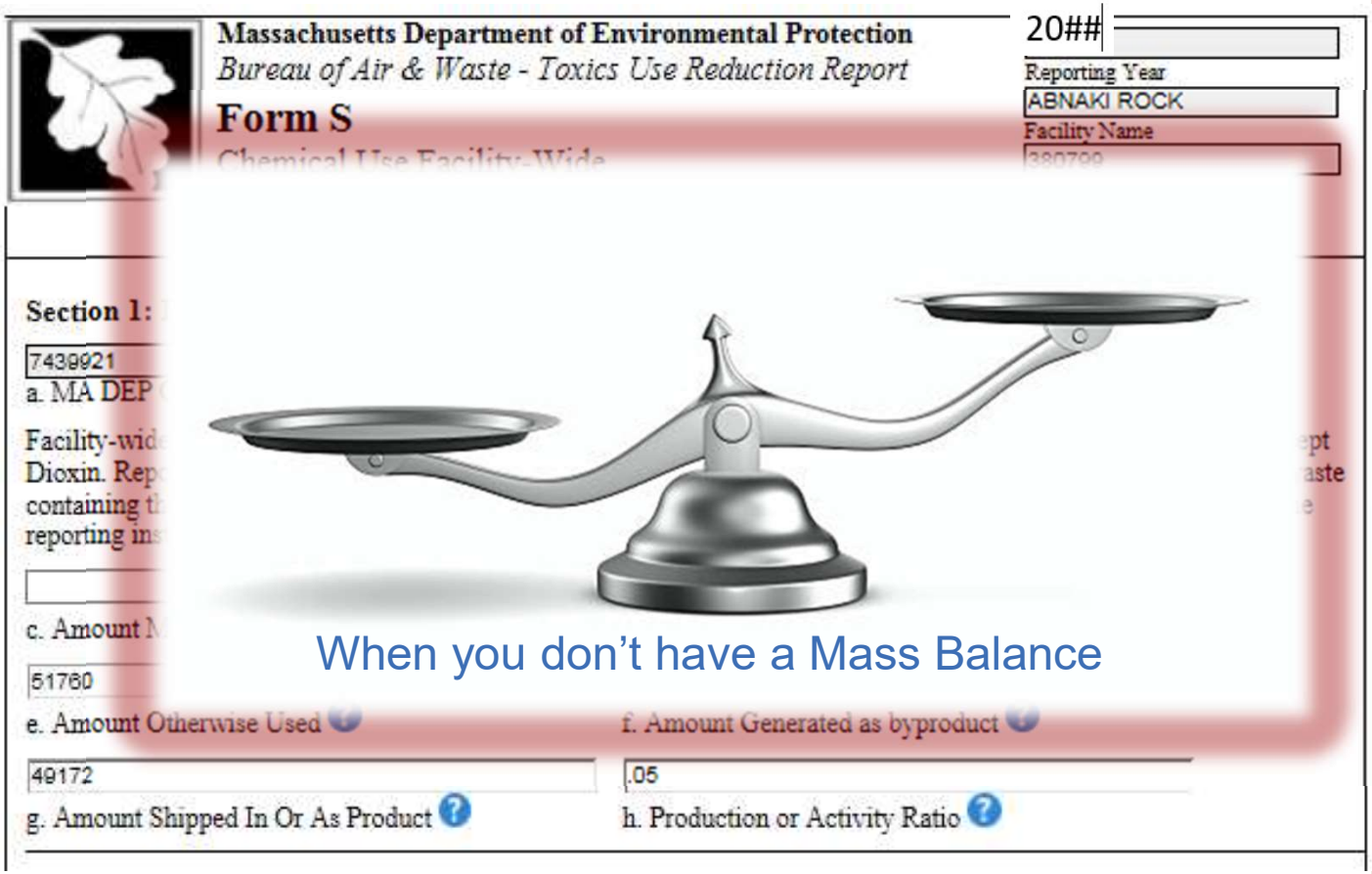
Facility-wide use of chemical identified in a. Enter the total amount (Report amounts in pounds for all chemicals except Dioxin. Report Dioxin in grams) for each applicable category. **NOTE:** 'Generated as byproduct' (item f.) means all waste containing the listed chemical before the waste is handled, transferred, treated, recycled or released. Please refer to the reporting instructions before completing this section.

0	125220
c. Amount Manufactured	d. Amount Processed
0	220
e. Amount Otherwise Used	f. Amount Generated as byproduct
125000	1.2
g. Amount Shipped In Or As Product	h. Production or Activity Ratio

-if you see a Form S for a chemical that you did NOT have to report on, it is because you entered the information into the Form S Cover Sheet Section 3.

-you 'may' be able to exit this form (Form S), and delete the CAS# from the Form S Cover Sheet Section 3, BUT this may corrupt the submittal and you will have to start over

Solution: enter in **ONLY** the chemicals that **MUST** be reported and DOUBLE CHECK this information before validating the Form S Cover Sheet, Section 4.

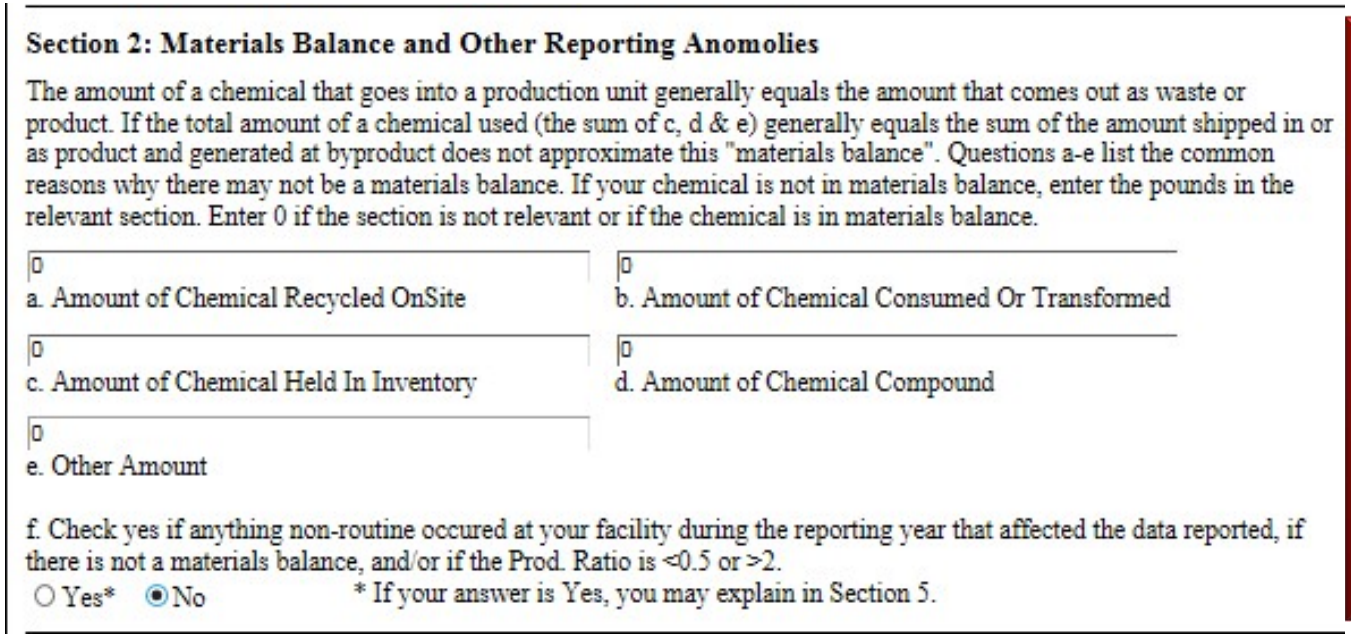


-values such as the word "all", ±, ∞, √ and others…

Are NOT valid.

Solution: use whole numbers, unless the chemical is a PBT (then you may use .5 of a pound, or if dioxin, you may use grams (system now allows 999.9999 grams to be entered).

Complete additional materials balance information as needed. Enter at least a zero / 0 in each box.



Section 2: Materials Balance and Other Reporting Anomolies

The amount of a chemical that goes into a production unit generally equals the amount that comes out as waste or product. If the total amount of a chemical used (the sum of c, d & e) generally equals the sum of the amount shipped in or as product and generated at byproduct does not approximate this "materials balance". Questions a-e list the common reasons why there may not be a materials balance. If your chemical is not in materials balance, enter the pounds in the relevant section. Enter 0 if the section is not relevant or if the chemical is in materials balance.

0
a. Amount of Chemical Recycled OnSite

0
b. Amount of Chemical Consumed Or Transformed

0
c. Amount of Chemical Held In Inventory

0
d. Amount of Chemical Compound

0
e. Other Amount

f. Check yes if anything non-routine occured at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 or >2.

○ Yes* ◉ No * If your answer is Yes, you may explain in Section 5.

-all entry fields **MUST** have a number entered – at least a **zero**.

-this is a common validation problem…

Often mass balance occurs input = outputs but...

If ≠ then please explain by checking box ‘f’ and noting in box ‘m’.

Section 2: Materials Balance and Other Reporting Anomolies

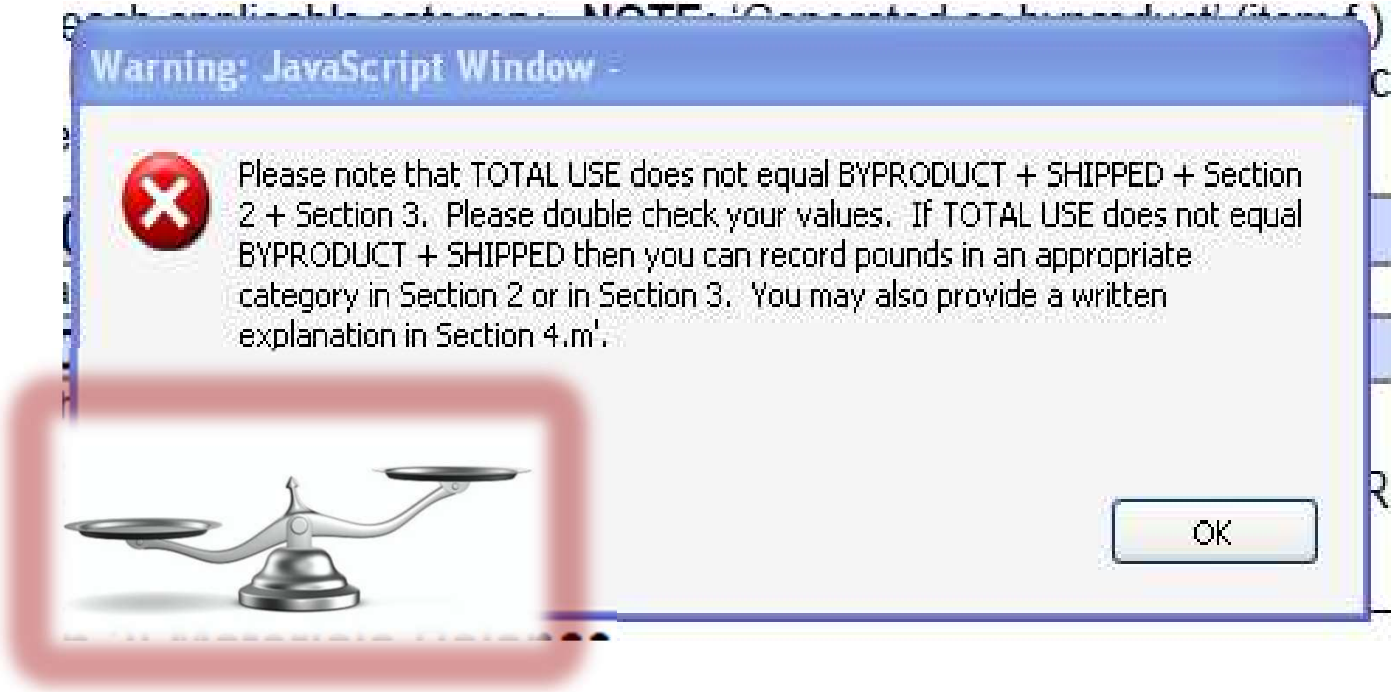
The amount of a chemical that goes into a production unit generally equals the amount that comes out as waste or product. If the total amount of a chemical used (the sum of c, d & e) generally equals the sum of the amount shipped in or as product and generated at byproduct does not approximate this "materials balance". Questions a-e list the common reasons why there may not be a materials balance. If your chemical is not in materials balance, enter the pounds in the relevant section. Enter 0 if the section is not relevant or if the chemical is in materials balance.

0 a. Amount of Chemical Recycled OnSite	0 b. Amount of Chemical Consumed Or Transformed
0 c. Amount of Chemical Held In Inventory	0 d. Amount of Chemical Compound
0 e. Other Amount	

f. Check yes if anything non-routine occured at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 or >2.

○ Yes* ◉ No * If your answer is Yes, you may explain in Section 5.

If you don't have a mass balance and/or if you have not explained why this message 'may' be presented...



Please check "ok" and explain the lack of a mass balance in box 'm' (separate page).

Was any of the chemical used to treat waste or control pollution?*

Section 3: Chemicals Used in Waste Treatment Units

a. Is this chemical used to treat waste or control pollution?

◉ Yes ○ No* * If your answer is No, skip ahead to Section 4 Toxics Use By Production Unit.

b. Enter the amount of the chemical (in pounds) used to treat waste or control pollution

5000

Pounds

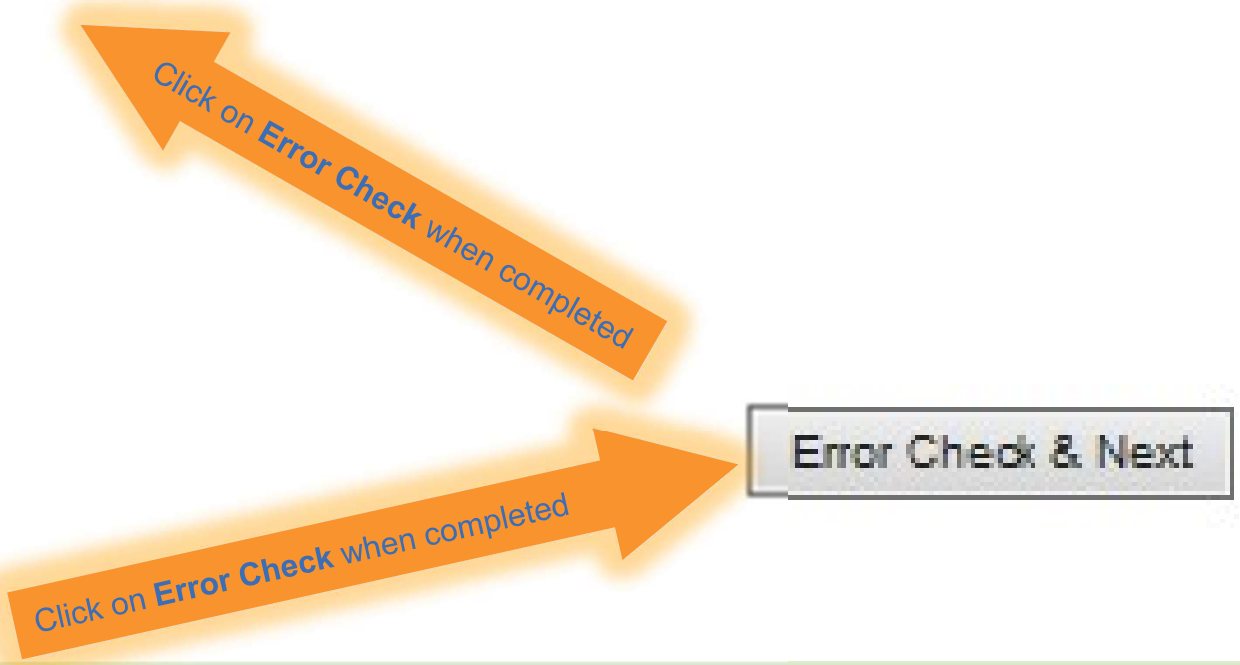
c. Did the use of this chemical for waste treatment or pollution control increase or decrease by 10 percent or more compared with the previous reporting year?

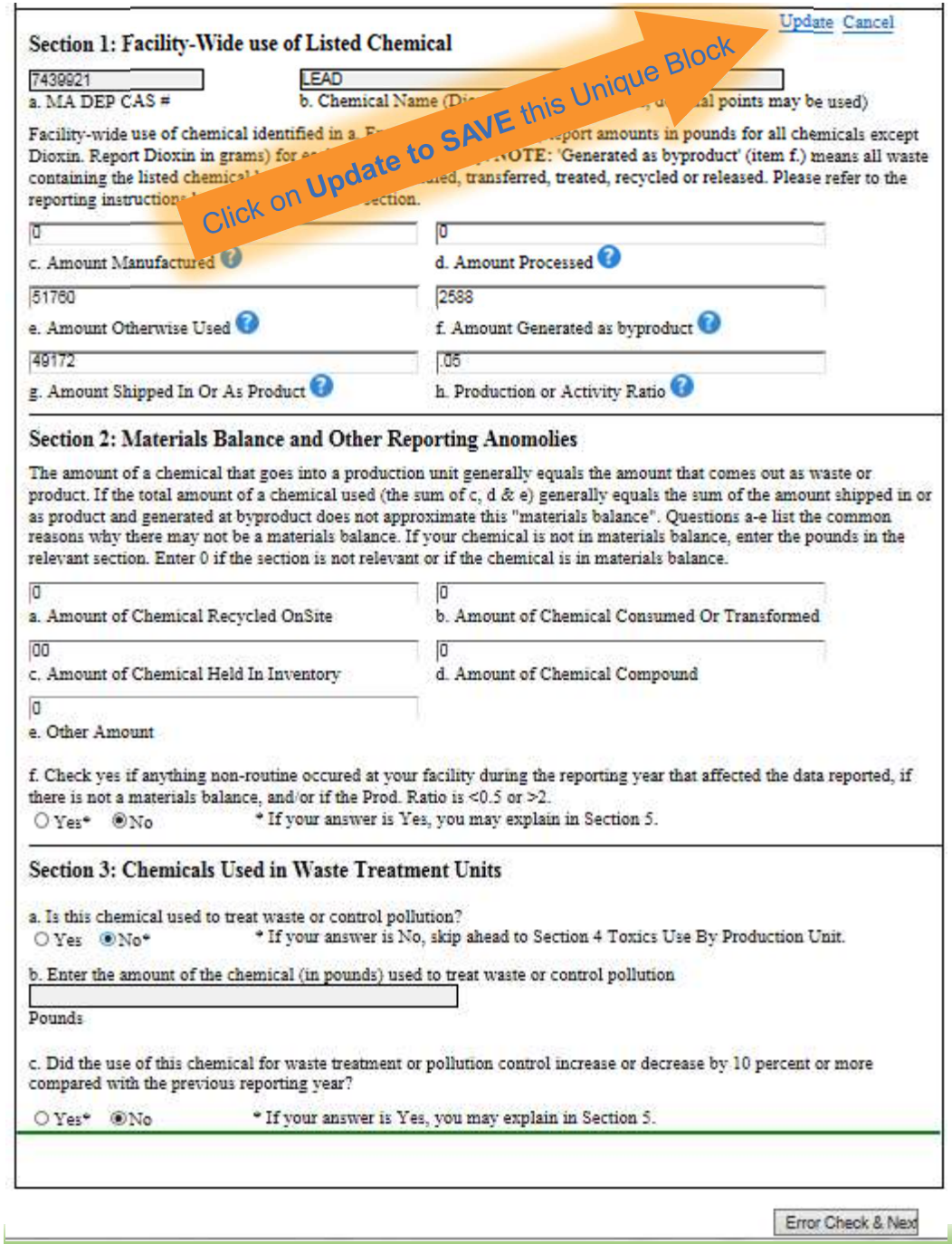
○ Yes* ◉ No * If your answer is Yes, you may explain in Section 5.

* If you indicated (on the first screen) that **ALL** of the chemicals are used **ONLY** to treat waste, then Section 3.a is fixed at "Yes". In addition, there will be no production units to report.

Document your calculations & source material

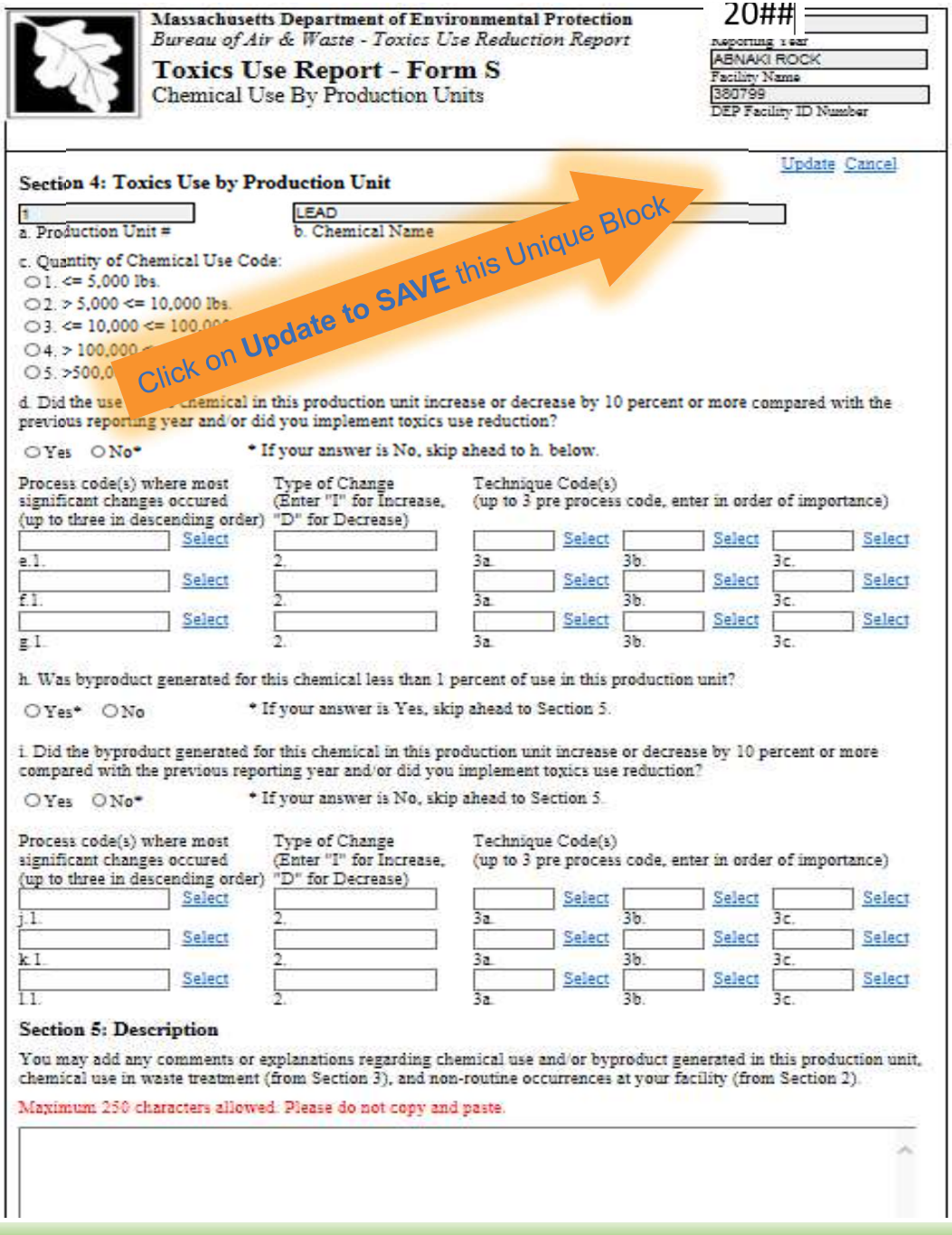
When ALL Unique Blocks are input and updated, then click on **Error Check** to check the Screen/Page & Save all data on the page. *(located at the top left or bottom right of the screen)*





When this unique Block (CAS#) is complete, click on Update.

Unique Block 1



SECTION 4
FORM S

Unique
Block 1

Update Cancel

Section 4: Toxics Use by Production Unit

1	LEAD
a. Production Unit #	b. Chemical Name

c. Quantity of Chemical Use Code:

- ○ 1. <= 5,000 lbs.
- ○ 2. > 5,000 <= 10,000 lbs.
- ◉ 3. <= 10,000 <= 100,000 lbs.
- ○ 4. > 100,000 <= 500,000 lbs.
- ○ 5. >500,000 lbs.

d. Did the use of this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

○ Yes ◉ No* * If your answer is No, skip ahead to h. below.

Process code(s) where most significant changes occured (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Code(s) (up to 3 pre process code, enter in order of importance)		
AA-12 Select	D	11 Select	Select	Select
e.1.	2.	3a.	3b.	3c.
Select		Select	Select	Select
f.1.	2.	3a.	3b.	3c.
Select		Select	Select	Select
g.1.	2.	3a.	3b.	3c.

SECTION 4 FORM S 1st part – Chemical Use

Scroll down to find all related Production Units

h. Was byproduct generated for this chemical less than 1 percent of use in this production unit?

◉ Yes* ○ No * If your answer is Yes, skip ahead to Section 5.

i. Did the byproduct generated for this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

○ Yes ◉ No* * If your answer is No, skip ahead to Section 5.

Process code(s) where most significant changes occured (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Code(s) (up to 3 pre process code, enter in order of importance)		
j.1. Select	2.	3a. Select	3b. Select	3c. Select
k.1. Select	2.	3a. Select	3b. Select	3c. Select
l.1. Select	2.	3a. Select	3b. Select	3c. Select

Section 5: Description

You may add any comments or explanations regarding chemical use and/or byproduct generated in this production unit, chemical use in waste treatment (from Section 3), and non-routine occurrences at your facility (from Section 2).

Maximum 250 characters allowed. Please do not copy and paste.

see TUR Plan for progress

SECTION 4 FORM S 2nd part – Byproduct

Scroll down to find all related Production Units

Document your calculations & source material

A State R/A form will appear only if the chemical is “state only” (or unique to the state), and/or if the NAICS code is “state only” code.

When eDEP provides a State Only Form R/A, complete the data entry.

Please note that DEP does not accept the US EPA chemical category identifiers ('N###'); please refer to Appendix B of DEP's Toxics Use Reporting Forms and Instructions for the appropriate Massachusetts reporting number for chemical categories).

There are two filing forms: Form R and an abbreviated Form A. Companies must use the Form R if

1. Their Total chemical use is greater than 1 million pounds. OR

2. They generate more than 500 pounds of TURA Byproduct: (Sum of the amount released on site, treated on-site, recycled on-site, used for energy recovery on-site, or transferred offsite for treatment, recycling, recovery, disposal or release.) OR

3. The chemical is a PBT.

The Form A may ONLY be used if the company uses less than a million pounds of the chemical AND generates less than 500 pounds of TURA byproduct, and the chemical is not a PBT.

State Form R/A

Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

State Only Form R/Form A

20##
Reporting Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Numb

This form is for chemicals or facilities that are not reportable under the US EPA Toxics Release Inventory program wh include:

- Companies in NAICs codes covered by TURA but not covered by TRI. See the TURA Reporting Appendix at http://www.mass.gov/eea/agencies/massdep/toxics/approvals/tura-online-reporting.html
- Chemicals listed under TURA but on the Federal TRI list including CERCLA chemicals, TRI chemicals with a different definition on the CERCLA list than on the TRI list and all TURA High Hazard Chemicals because they have a lower reporting threshold. See the TURA Chemical List at http://www.mass.gov/eea/agencies/massdep/toxics/approvals/tura-online-reporting.html.

This form contains a portion of the fields used in the US EPA Form R and Form A. Please refer to US EPA's Toxic Chemical Release Inventory Reporting Form and Instructions at http://www.epa.gov/toxics-release-inventory-tri-program/tri-reporting-forms-and-instructions

Chemical-Specific Information

Section 1 Toxic Chemical Identity

1310732 — 1.1 CAS Number

SODIUM HYDROXIDE — 1.2 Toxic Chemical or Chemical Category Name

Please note that DEP does not accept the US EPA chemical category identifiers ('N###'); please refer to Appendix B of DEP's Toxics Use Reporting Forms and Instructions for the appropriate Massachusetts reporting number for chemical categories).

There are two filing forms: Form R and an abbreviated Form A. Companies must use the Form R if
1. Their Total chemical use is greater than 1 million pounds. OR
2. They generate more than 500 pounds of TURA Byproduct: (Sum of the amount released on site, treated on-site, recycled on-site, used for energy recovery on-site, or transferred offsite for treatment, recycling, recovery, disposal or release.) OR
3. The chemical is a PBT.

The Form A may ONLY be used if the company uses less than a million pounds of the chemical AND generates less than 500 pounds of TURA byproduct, and the chemical is not a PBT.

Are you filing a Form R? ◉ Yes ○ No
(if yes, continue to Section 4 (note: Section 2 and 3 are not required for State Only reporting)
if no, fill out only the State Only Form A).

Section 4

Enter the maximum amount of the toxic chemical on-site at any time during the calendar year

02 Select
4.1 Two-Digit Code From TRI Instruction Package

A State Form R/A will appear automatically IF your facility is a State ONLY filer (per NAICS code, or if you are reporting State ONLY chemicals (or State ONLY variants of Federal Chemicals). The NAICS Codes have been updated.

Section 5

Quantity of the Toxic Chemical Entering Each Environmental Medium On-site

5.1-2 Air Emissions ☐ check if not applicable

1	2
5.1 Fugitive or non-point air emissions (pounds/year)	5.2 Stack or point air emissions (pounds/year)

5.3 Discharges to Receiving Streams or Water Bodies ☐ check if not applicable

4
Total Discharges (pounds/year)

5.4 Underground Injection On-site to Class I or Class II-V wells ☐ check if not applicable

5	6
5.4.1 Underground Injection On-site to Class I Wells (pounds/year)	5.4.2 Underground Injection On-site to Class II-V Wells (pounds/year)

5.5 Disposal to Land On-site ☐ check if not applicable

7	8
5.5.1A RCRA Subtitle C landfills (pounds/year)	5.5.1B Other landfills (pounds/year)
9	10
5.5.2 Land treatment/application farming (pounds/year)	5.5.3 Surface Impoundment (pounds/year)
11	
5.5.4 Other disposal (pounds/year)	

Section 6

Transfers of the toxic chemical in wastes to off-site locations

6.1.A Total Quantity Transferred to all POTWs ☐ check if not applicable

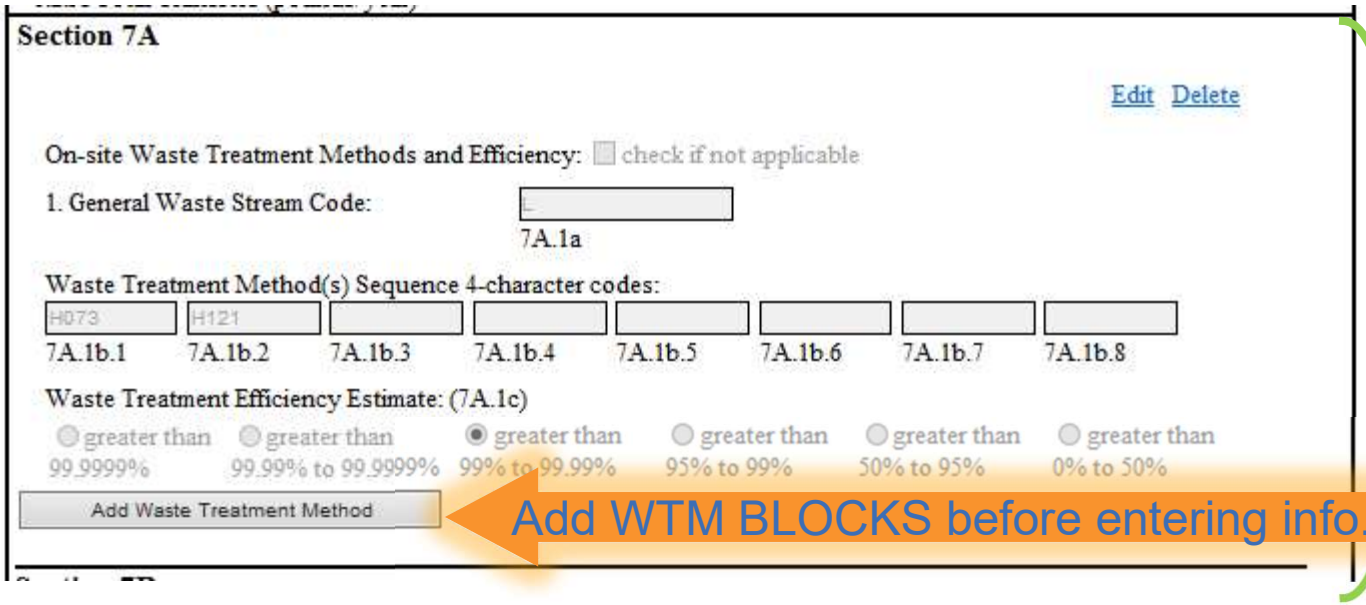
12
6.1.A.1 Total Transfers to all POTWs (pounds/year)

6.2 Total Quantity Transferred to all other Off-site locations (for treatment, disposal, recycling, energy recovery etc., excluding amounts sent to POTWs) ☐ check if not applicable

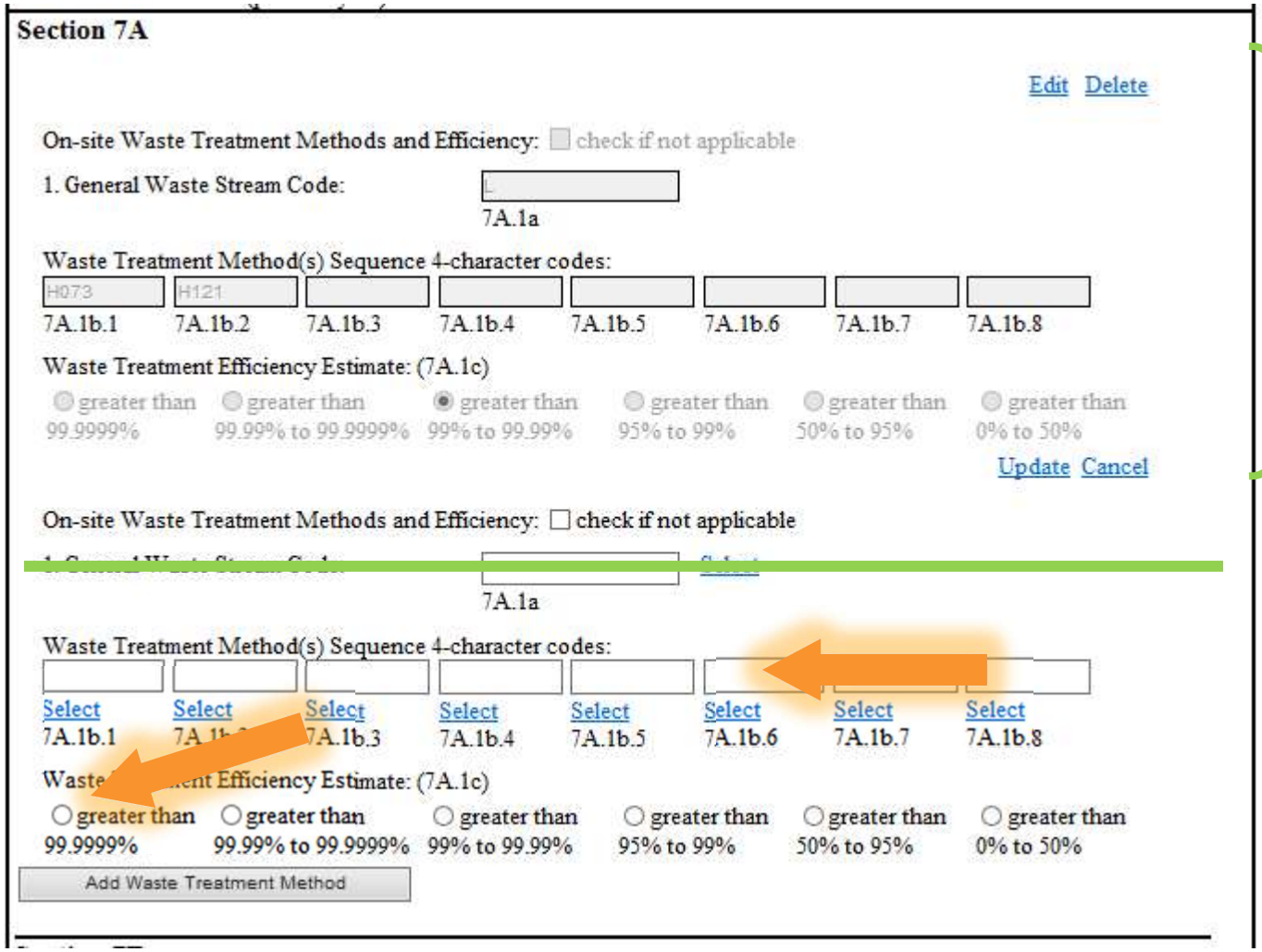
13
6.2.A Total Transfers (pounds/year)

Complete Sections 5 & 6 as you have before, using the EPA TRI instructions for guidance.

BEFORE you start entering information in Section 7A, add additional Unique Blocks if needed. THEN enter the information for each block & Update one at a time.



BEFORE you start entering information in Section 7A, add additional Unique Blocks if needed. THEN enter the information for each block & Update one at a time.



Unique Block 1

Unique Block 2

❶Click to select, then code list appears

❷Double Click to pick code

WMETHOD	
Code	Description
A01	FLARE
A02	CONDENSER
A03	SCRUBBER
A04	ABSORBER
A05	ELECTROSTATIC PRECIPITATOR
A06	MECHANICAL SEPARATION
A07	OTHER AIR EMISSION TREATMENT
H040	INCINERATION - THERMAL DESTRUCTION OTHER THAN USE AS A FUEL
H071	CHEMICAL REDUCTION WITH OR WITHOUT PRECIPITATION
H073	CYANIDE DESTRCUTION WITH OR WITHOUT PRECIPITATION
H075	CHEMICAL OXIDATION
H076	WET AIR OXIDATION
H077	OTHER CHEMICAL PRECIPITATION WITH OR WITHOUT PRE-TREATMENT
H081	BIOLOGICAL TREATMENT WITH OR WITHOUT PRECIPITATION

Section 7B

On-Site Energy Recovery Processes: ☐ check if not applicable

Energy Recovery Methods 3-character code(s): U03 Select Select Select

Section 7C

On-Site Recycling Processes. Recycling Methods 3-character code(s): ☐ check if not applicable

H39 Select Select Select

Section 8

Production Related Waste Managed. Enter in Pounds per year (grams of dioxins) (Do not double count: 8.1a - 8.7 should total: (Amount used in production - Amount shipped in product + Amount consumed in production)

Source Reduction and Recycling Activities. Note: Do not double count. (Enter data as pounds per year)	Column A Prior Year	Column B Current Rpt. Year	Column C Following Rpt. Year	Column D 2nd Following Rpt. Year
8.1a Total on-site disposal underground injection & landfills	1	2	3	4
8.1b Total on-site disposal or other releases	5	6	7	8
8.1c Total off-site disposal underground injection & landfills	9	10	11	12
8.1d Total off-site disposal or other releases	13	14	15	16
8.2 Quantity used for energy recovery on-site	17	18	19	20
8.3 Quantity used for energy recovery off-site	21	22	23	24
8.4 Quantity recycled on-site	25	26	27	28
8.5 Quantity recycled off-site	29	30	31	32
8.6 Quantity treated on-site	33	34	35	36
8.7 Quantity treated off-site	37	38	39	40

8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, one-time events not associated with production processes: 41 pounds/year

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? ◉ Yes - continue below ○ No

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes) a	b	c
8.10.1	W31 Select	Select	Select	Select
8.10.2	Select	Select	Select	Select

Click on **Error Check** when the Form R is completed

Error Check & Next

Document your calculations & source material

During EVEN numbered years TURA Reports ALSO INCLUDE:

A TUR Plan Summary Submittal Selection Form and as applicable a:

- TUR Plan Summary

OR

- Resource Conservation Plan Summary

OR

- Environmental Management System Progress Report

and

- If a firm did an RC Plan in the last planning cycle a Resource Conservation Plan Progress Report

Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Plan Summary Submittal Selection Form

20## Reporting Year

ABNAKI ROCK Facility Name

380799 DEP Facility ID Number

Complete Section 1, 2, 3, 4 or 5 to identify the type of plan your facility completed in this planning cycle.

1 ☐ This facility completed an Environmental Management System Plan during this planning cycle. (NOTE: To select this option your facility must have completed a traditional Toxics Use Reduction Plan for at least three prior planning cycles.)

2 ☐ This facility completed a Resource Conservation Plan during this planning cycle for the following assets. (Note: To select this option, your facility must have completed a traditional TUR Plan for at least three planning cycles, AND not have completed a Resource Conservation Plan in the last planning cycle.)

Assets (check all that apply)

- 2a ☐ Energy
- 2b ☐ Water
- 2c ☐ Materials that contribute to solid waste
- 2d ☐ Chemicals on the TURA Toxics or Hazardous Substance List used below reporting thresholds
- 2e ☐ Chemical substances that are not on TURA Toxics or Hazardous Substance List

3 ☐ This facility either completed a traditional TUR Plan during this planning cycle OR is not submitting any type of plan because the use of all reportable toxics for which a plan is required will have been eliminated or reduced below the reporting threshold by the end of THIS calendar year.

The traditional TUR Plan is required for all chemicals for which a Form S is being submitted in this Annual Toxics Use Reduction Report and was submitted in at least one prior Annual Toxics Use Reduction Report, unless the use of that chemical will have been eliminated or reduced below the reporting threshold by the end of the current calendar year.

○ 3a. This facility has completed a Traditional TUR Plan that includes all chemicals for which a Form S is being submitted in this Annual Toxics Use Reduction Report and was submitted in at least one prior year.

○ 3b. This facility use of the following chemicals for which a plan would otherwise is required will have been eliminated or reduced below the reporting threshold by the end of THIS calendar year. Note, if this list includes ALL chemicals for which a TUR Plan is otherwise due, this facility is not required to complete any type of plan or submit any plan summary in this planning cycle.

CAS #	Chemical Name	Method*	By taking the following steps	
				Edit Delete
3b.a.1	3b.a.2	☐ E ☐ R	3b.a.4	

Add Chemical

4 ☐ This facility is not required to complete any type of plan or submit a plan summary because it has closed or is scheduled to close in this calendar year. Date (mm/dd/yyyy)

5 ☐ This facility completed a Resource Conservation Plan in the prior planning cycle. If Yes, you must also submit a Resource Conservation Progress Report describing progress in the implementation of the Resource Conservation Plan and complete TUR Plan summary as needed.

t_3015.aspx

Click on **Error Check** when the Form is completed

Error Check & Next

Select the correct Planning Form:
-EMS
-RC
-TUR

Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Environmental Management System Progress Report

20## Planning Year

ABNAKI ROCK
Facility Name

380799
DEP Facility ID Number

EMS

The TURA Environmental Management System (EMS) must be certified by a TUR Planner approved to certify TURA EMS Plans or an EMS professional, every two years in accordance with 310 CMR 50.84.

A. Significant Aspects - Covered Topics

1. Provide a list of the covered toxics addressed in the TURA EMS for this planning cycle:

2. Provide a brief description of the objectives and targets established by your facility for this planning cycle to address the covered toxics listed above:

3. Provide a brief description of progress made toward meeting objectives and targets established for covered toxics during the previous planning cycle, and, if applicable, why anticipated progress was not achieved:

EMS

B. Integrating TUR Planning

1. We have checked if alternatives to our current toxics use have become available and are technically and economically feasible to implement.
   ○ Yes ○ No
2. We have solicited our employees for ideas about reducing toxics use, the generation of byproduct from toxics use, or releases.
   ○ Yes ○ No
3. We have continued to promote a policy of toxics use reduction in our activities and are incorporating it into planning and design as well as day-to-day management.
   ○ Yes ○ No
4. We have continued to monitor our toxics use in order to ensure that all leaks, spills, releases and byproduct generation are minimized to the extent practicable.
   ○ Yes ○ No
5. We have identified all regulatory requirements triggered by use of toxics chemicals.
   ○ Yes ○ No
6. Our EMS has been audited by a qualified independent auditor at least once during the past two year TURA planning cycle.
   ○ Yes ○ No
7. We have solicited information from vendors, consultants, government agencies, academic experts, or other resources to better understand our options for implementing TUR activities.
   ○ Yes ○ No

EMS

8. If you answered "no" to any of the above questions, please explain actions that your facility has or will take to achieve positive responses.

9. You may provide additional information about your EMS activities:

Click on **Error Check** when the Form is completed

Error Check & Next

EMS

Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Environmental Management System Progress Report

20##
Planning Year

ABNAKI ROCK
Facility Name

380799
DEP Facility ID Number

I certify under penalty of law that the following is true:

(a) I have examined and am familiar with this EMS;

(b) The EMS meets the requirements of 310 CMR 50.82 and the elements specified therein are being implemented;

(c) The EMS is actively addressing environmental compliance issues;

(d) The individual who has certified the EMS pursuant to 310 CMR 50.84(3) has provided me with documentation that he or she meets the requirements of 310 CMR 50.84(2).

(e) These statements are based upon answers to queries made by me to individuals who have been designated to implement the EMS, and I have made my best effort to ensure that they are being held accountable for implementing the system in good faith. I understand that by choosing to implement an EMS in lieu of a toxics use reduction plan, I am responsible for maintaining documentation to evidence a good faith effort to implement all elements of the EMS.

(f) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1. Signature of Senior Management Official

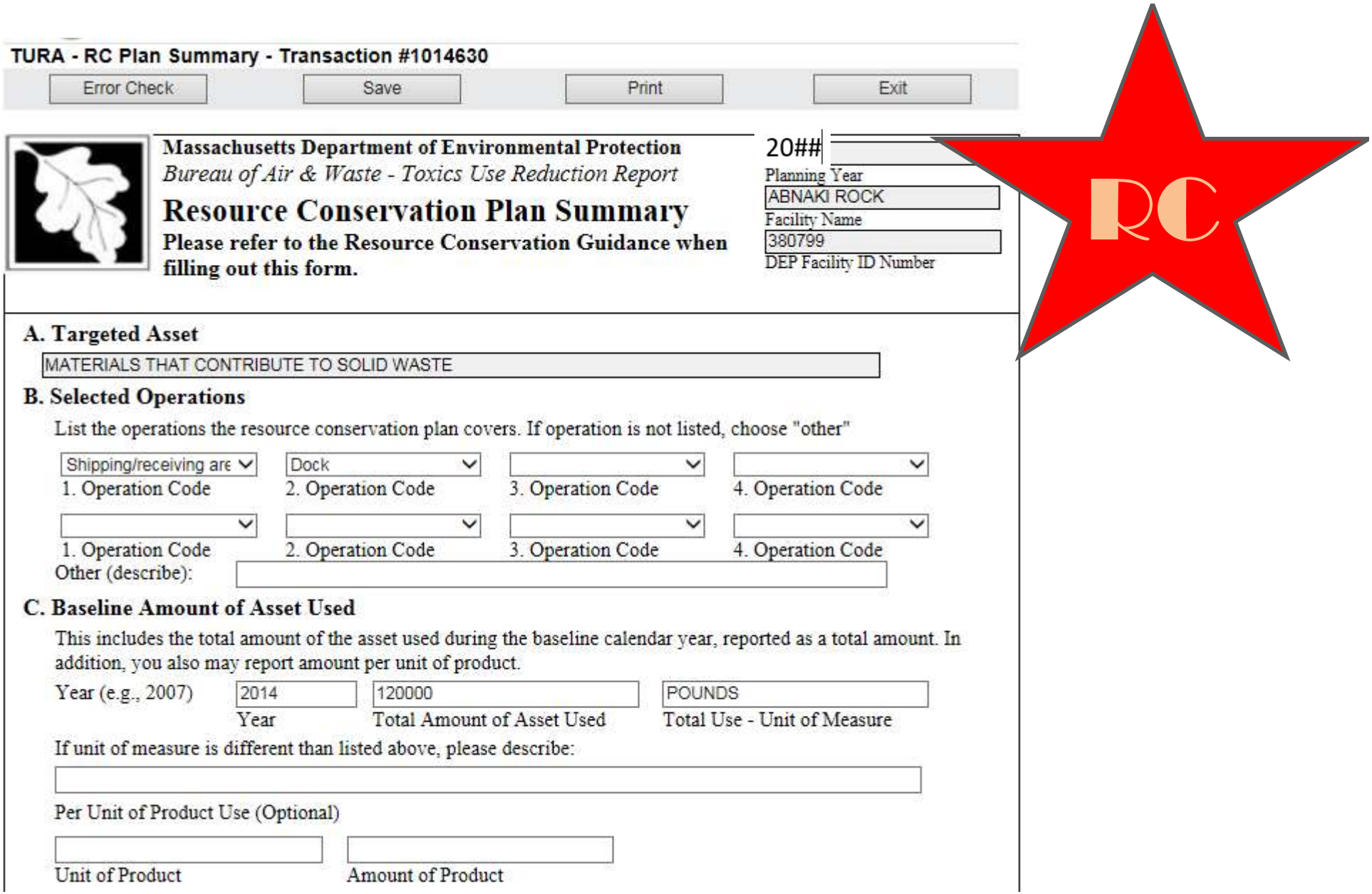
2. Date (mm/dd/yyyy)

3. Print Name of Senior Management Official

4. Email Address

Error Check & Nex

EMS Certification by Senior Management Official


TURA - RC Plan Summary - Transaction #1014630

Error Check | Save | Print | Exit

Massachusetts Department of Environmental Protection

Bureau of Air & Waste - Toxics Use Reduction Report

Resource Conservation Plan Summary

Please refer to the Resource Conservation Guidance when filling out this form.

20## Planning Year

ABNAKI ROCK Facility Name

380799 DEP Facility ID Number

RC

A. Targeted Asset

MATERIALS THAT CONTRIBUTE TO SOLID WASTE

B. Selected Operations

List the operations the resource conservation plan covers. If operation is not listed, choose "other"

1. Operation Code	2. Operation Code	3. Operation Code	4. Operation Code
Shipping/receiving are	Dock		

Other (describe):

C. Baseline Amount of Asset Used

This includes the total amount of the asset used during the baseline calendar year, reported as a total amount. In addition, you also may report amount per unit of product.

Year (e.g., 2007)	Year	Total Amount of Asset Used	Total Use - Unit of Measure
	2014	120000	POUNDS

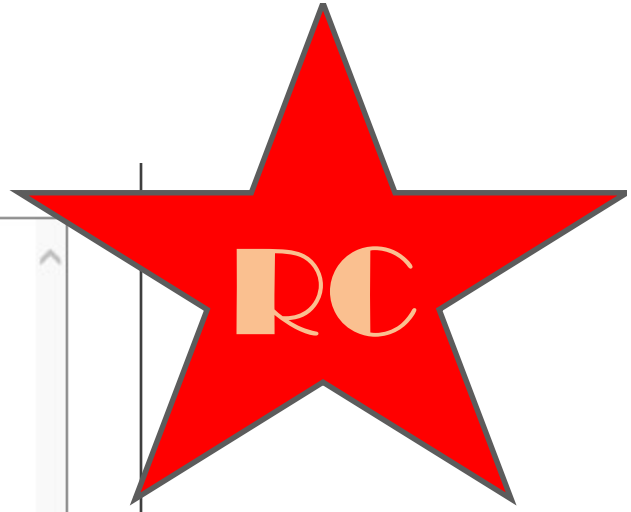
If unit of measure is different than listed above, please describe:

Per Unit of Product Use (Optional)

Unit of Product	Amount of Product

D. Options Selected to Implement

RE CYCLING CARDBOARD AND SHIPPING OLD COMPUTERS FOR RECYCLING



E. Other Options Considered

List the resource conservation options you considered but decided not to implement. You also may provide an explanation why you chose not to implement a particular option.

USING REUSABLE TOTES FOR SHIPPING CIRCUIT BOARDS AND COMPUTERS TO END CUSTOMERS.

F. Goals for Reducing the Asset

List the resource conservation goal(s) as a percentage reduction or a specific amount reduction (e.g., number of kWh or Tons) over a certain time period. The first line is an example.

Amount of Reduction	Unit of Measure	Goal by Date (Year)	Description of Goal
15%	Gallons	2008	Reduction of potable water use and sewer discharge
25	POUNDS	2022	REDUCTION IN CARDBOARD AND SHIPPING MATE
F.1.a	F.1.b	F.1.c	F.1.d
F.2.a	F.2.b	F.2.c	F.2.d
F.3.a	F.3.b	F.3.c	F.3.d
F.4.a	F.4.b	F.4.c	F.4.d

G. Expected Change in the Amount of Asset Used

Indicate the expected change in the amount of the asset(s) to be used (due to the options implemented) between the year on which the plan is based and two years after the plan is due.

The unit of measure in this section POUNDS (as listed previously in Section C).

Note: You will report actual changes in the amount of the asset used on a resource conservation progress report that you must submit with the next toxics use reduction plan summary. However, if there are actual changes to report due to an option already implemented, you may include them below.

Expected Annual change in the amount of asset used by July 1st of the next even-numbered calendar year on an annual basis:

30000

H. Prior Efforts (Optional)

Results of Prior efforts *may have* resulted in reductions of the asset used. Please indicate the reductions accomplished as a result of projects implemented since July 1st of the previous even-numbered calendar year.

The unit of measure in this section POUNDS (as listed previously in Section C).

I. Additional Information

You may provide additional information about your resource conservation plan.

Click on **Error Check** when the Form is completed

Error Check & Next

Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Resource Conservation Plan Summary

Please refer to the Resource Conservation Guidance when filling out this form.

20## Planning Year

ABNAKI ROCK
Facility Name

380799
DEP Facility ID Number

I certify under penalty of law that the following is true:

(a) I have personally examined and am familiar with this Resource Conservation Plan;

(b) I am satisfied that any supporting documentation used in the development of the Plan exists and is consistent with the Plan;

(c) based on my inquiry of those individuals immediately responsible for the development of this Plan, I believe that the information in the Plan and any supporting documentation used in the development of the Plan is true, accurate, and complete;

(d) the Plan, to the best of my knowledge and belief, meets the requirements of 310 CMR 50.90; and

(e) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1. Signature of Senior Management Official

2. Date (mm/dd/yyyy)

3. Print Name of Senior Management Official

4. Print Title of Senior Management Official

5. Email Address

Error Check & Nex

RC

RC Certification by Senior Management Official

Click on **Error Check** when the Form is completed

TOXICS USE REDUCTION PLAN SUMMARY FORM

ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number

Edit

A. Chemical Data

AMMONIA
A.1 Chemical Name

7664417
A.2 CAS #

Calculated as follows:
Projected pounds of Use in the Calendar Year immediately following the Planning Year - Pounds of Use on the current Form S (the amount used in the calendar year prior to the planning year). The number will be negative use is expected to decrease.

Two Year Projected Change in Byproduct.

87
A.3 Use

3
A.4 Byproduct

A.5 Is this chemical used only in WASTE treatment?

- Yes - skip to Section C.
- No - go to Section B.

B. Options Considered & Selected for Implementation

B.1 Options Considered

1. SUBSTITUTE A NON-TUR CHEMICAL

B.2 Options Selected for Implementation as a result of this planning process

NONE - TUR CHANGE TO NON-TUR CHEMICAL IS NOT ECONOMICALLY FEASIBLE DUE TO COSTS ASSOCIATED WITH FDA REVALIDATION/APPROVAL PROCESS FOR PU#001, AND TECHNICALLY AND ECONOMICALLY INFEASIBLE FOR PU#003.

TUR

TUR Plan Summary

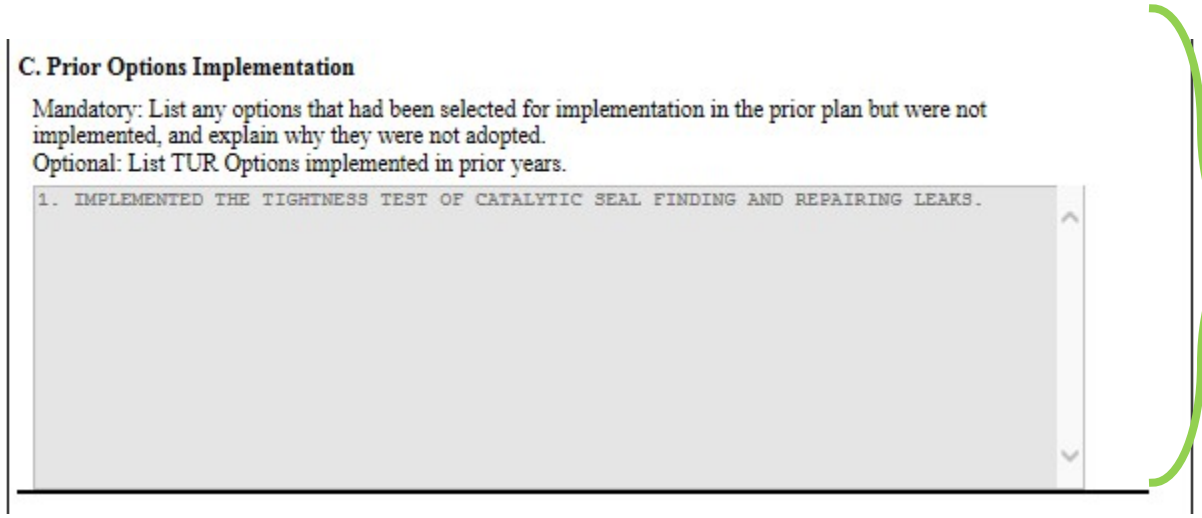
Scroll down to find all Chemicals

Unique Block 1

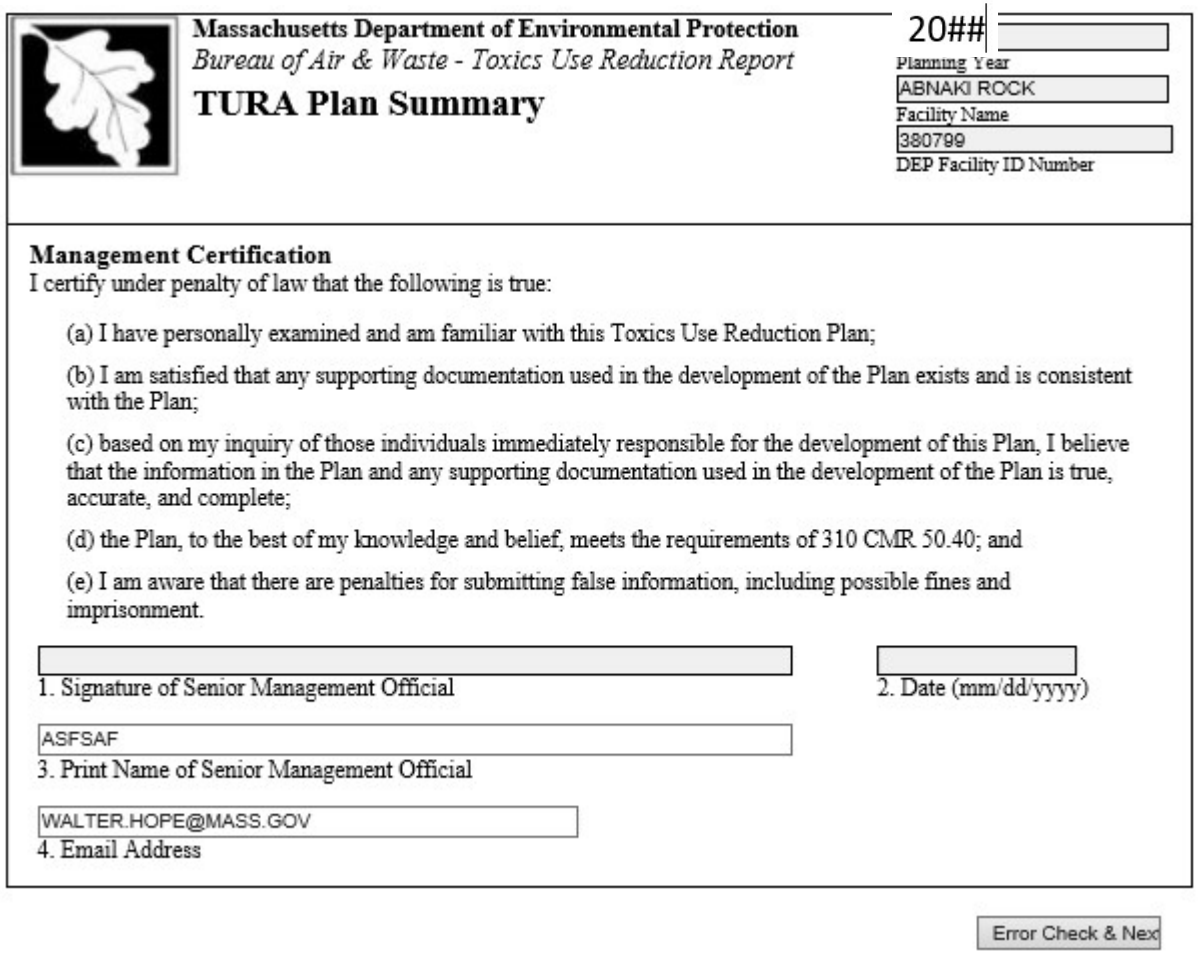
TUR

TUR Plan Summary

Scroll down to find all Chemicals



Unique Block 1 continuation



Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report
TURA Plan Summary

20##
Planning Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number

Management Certification
I certify under penalty of law that the following is true:

(a) I have personally examined and am familiar with this Toxics Use Reduction Plan;

(b) I am satisfied that any supporting documentation used in the development of the Plan exists and is consistent with the Plan;

(c) based on my inquiry of those individuals immediately responsible for the development of this Plan, I believe that the information in the Plan and any supporting documentation used in the development of the Plan is true, accurate, and complete;

(d) the Plan, to the best of my knowledge and belief, meets the requirements of 310 CMR 50.40; and

(e) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1. Signature of Senior Management Official

2. Date (mm/dd/yyyy)

ASFSAF
3. Print Name of Senior Management Official

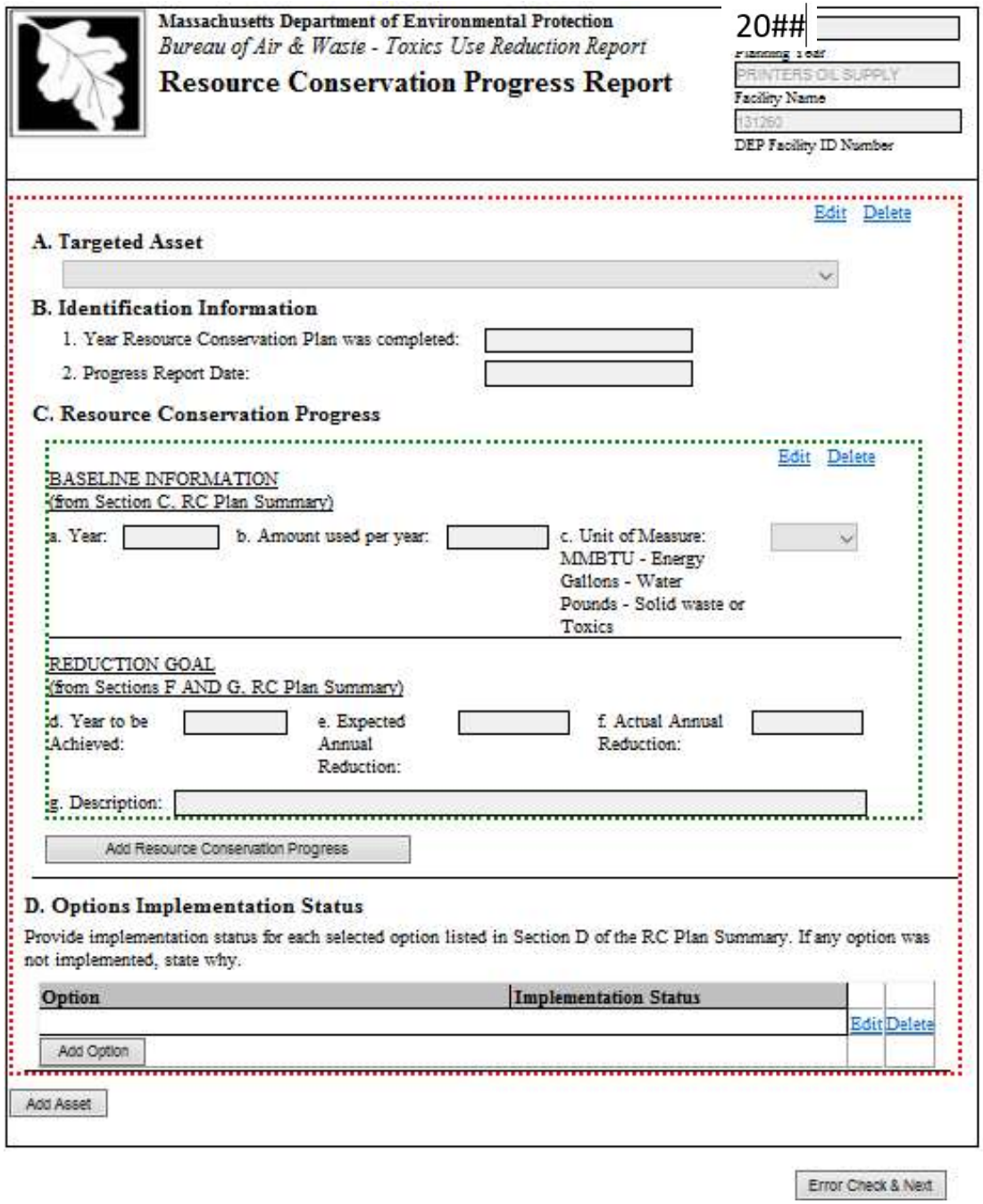
WALTER.HOPE@MASS.GOV
4. Email Address

Error Check & Nex

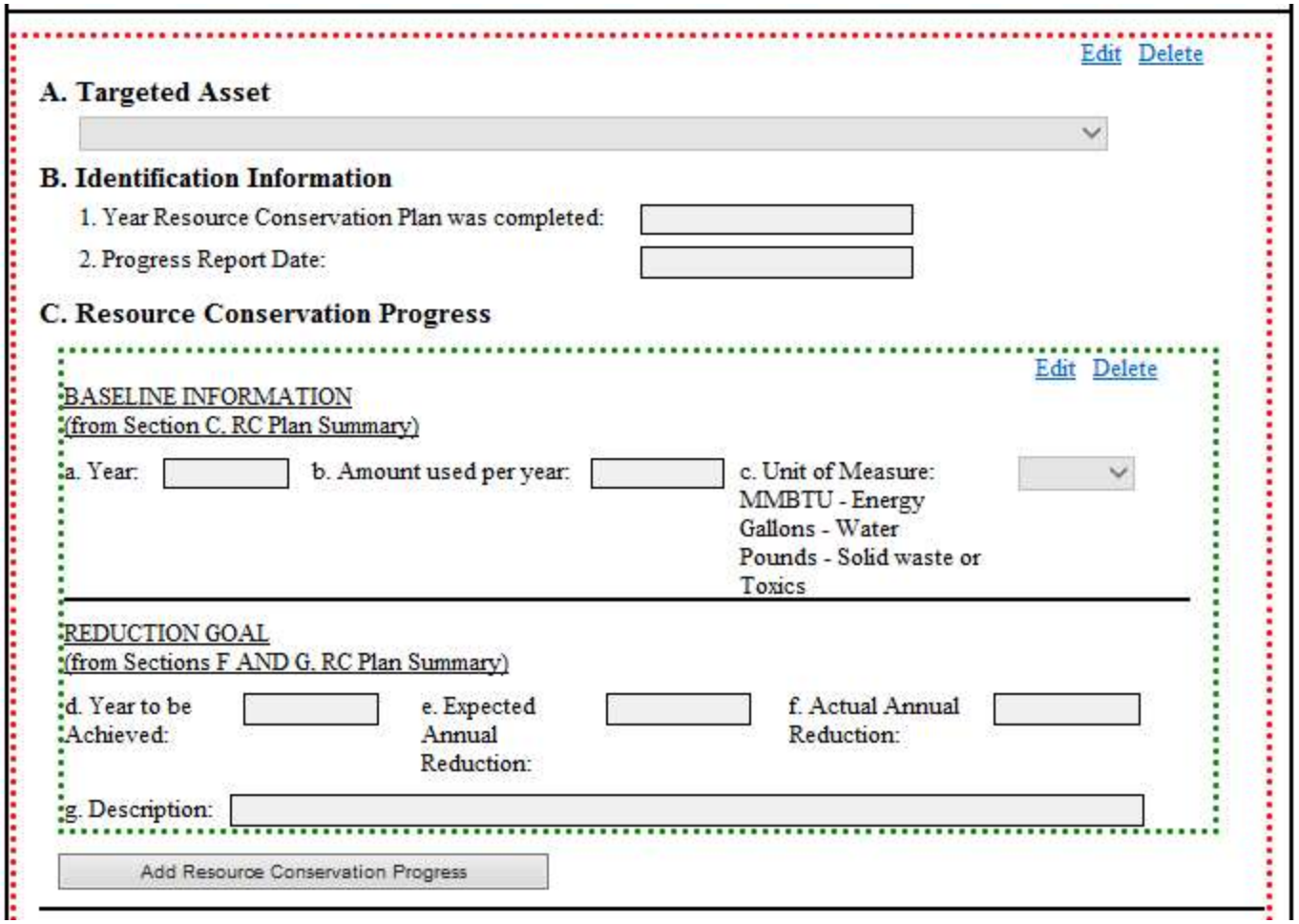
TUR

TUR Plan Certification by Senior Management Official

RC+ (Resource Conservation) Plan Update (+ TUR Plan Summary)

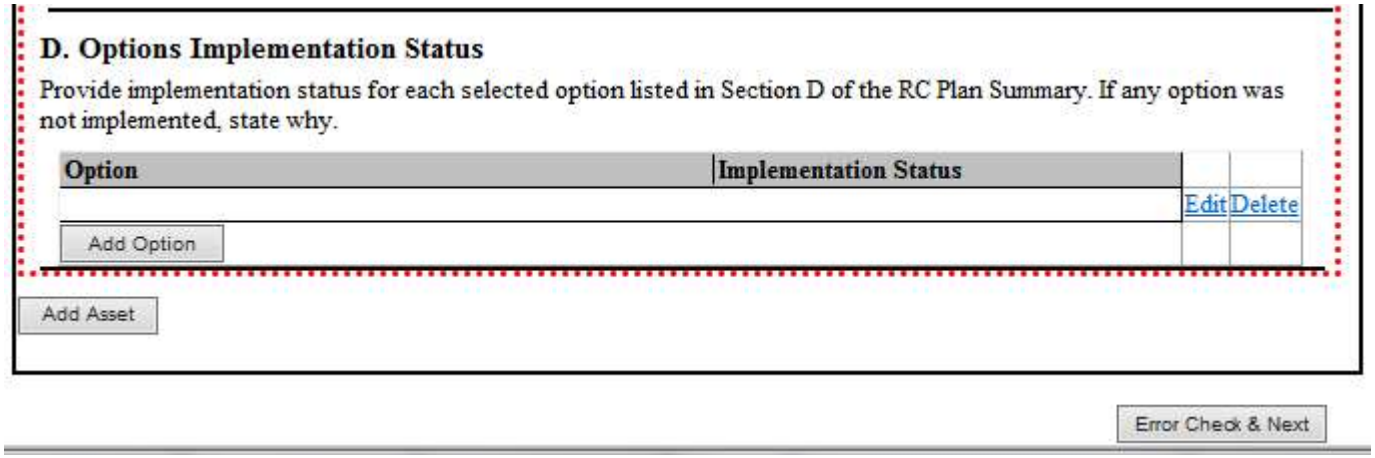


RC (Resource Conservation) Progress Report (must also complete TUR Plan Summary)



RC (Resource Conservation) Progress Report (must also complete TUR Plan Summary)

ADD Baseline information for EACH "Targeted Asset" as needed as a separate Unique BLOCK, UPDATE when complete.



IF you have more than 1 (one) option, click on ADD OPTION before you enter your information, edit & when information is added, then UPDATE.

ADD Asset as needed, and ERROR CHECK & NEXT when complete

Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Toxics Use Fee Worksheet

20##

ABNAKI ROCK
Facility Name

11 380799
DEP Facility ID Number

ABNAKI ROCK
a. Facility Name

1 WINTER ST
b. Facility Site Address

BOSTON	MA	021084747
c. City	d. State	e. ZIP Code

The amount of your fee depends on the number of "full time employee equivalents" (2,000 work hours per year) at your facility, and number of toxic substances for which reporting is required (i.e., the number of Form Ss you submit).

Use the following schedule to determine your fee for the 2017 reporting year.

# Full Time Employee Equivalents	Base Fee	Maximum Fee
>= 10 and < 50	$1,850	$5,550
>= 50 and < 100	$2,775	$7,400
>= 100 and < 500	$4,625	$14,800
>= 500	$9,250	$31,450

f. Determine your base fee by referring to the 2nd column above.	4625
g. Enter # of Form Ss you are filing that are not high hazard or low hazard chemicals:	1
h. Enter # of Form Ss you are filing for high hazard chemicals:	0
i. Enter # of Form Ss you are filing for low hazard chemicals:	0
j. ADD LINES g and h and multiply the result by $1,100.	1100
k. Add LINE f and LINE j.	5725
l. Enter the amount from LINE K or from the 3rd column of the schedule (Maximum Fee) WHICHEVER IS LESS	5725

Your fee is the amount entered in LINE L. MASSDEP WILL MAIL AN INVOICE FOR PAYMENT. Payment due 30 days after invoice notice date - Late payment will result in a $1000 late fee as mandated by MGL 211.

Certification Statement

- ☐ I hereby certify that I have reviewed this and all attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and information in these documents are accurate based on measurements and/or reasonable estimates using data available to the preparers of these documents.
- ☐ I am aware that there are significant penalties for willful or intentional submission of false or incomplete information.
- ☐ I agree on behalf of the filing facility to remit the required Toxics Use Fee (as determined on the Fee Worksheet) to the Commonwealth of Massachusetts, as required by 301 CMR 40.03.

a. Authorized Signature	b. Date (MM/DD/YYYY)
c. First Name (Print)	d. Last Name (Print)
e. Position/Title	f. Email Address

Fee Worksheet

The Fee Worksheet is Created by YOU/your facility.

MassDEP will send an invoice based on this information

ABNAKI ROCK
a. Facility Name

1 WINTER ST
b. Facility Site Address

BOSTON	MA	021084747
c. City	d. State	e. ZIP Code

The amount of your fee depends on the number of "full time employee equivalents" (2,000 work hours per year) at your facility, and number of toxic substances for which reporting is required (i.e., the number of Form Ss you submit).

Use the following schedule to determine your fee for the 2017 reporting year.

# Full Time Employee Equivalents	Base Fee	Maximum Fee
>= 10 and < 50	$1,850	$5,550
>= 50 and < 100	$2,775	$7,400
>= 100 and < 500	$4,625	$14,800
>= 500	$9,250	$31,450

f. Determine your base fee by referring to the 2nd column above.	4625	
g. Enter # of Form Ss you are filing that are not high hazard or low hazard chemicals:	1	Not high/not low Haz
h. Enter # of Form Ss you are filing for high hazard chemicals:	0	High Hazard
i. Enter # of Form Ss you are filing for low hazard chemicals:	0	Low Hazard
j. ADD LINES g and h and multiply the result by $1,100.	1100	
k. Add LINE f and LINE j.	5725	
l. Enter the amount from LINE K or from the 3rd column of the schedule (Maximum Fee) WHICHEVER IS LESS	5725	

Your fee is the amount entered in LINE L. MASSDEP WILL MAIL AN INVOICE FOR PAYMENT. Payment due 30 days after invoice notice date - Late payment will result in a $1000 late fee as mandated by MGL 211.

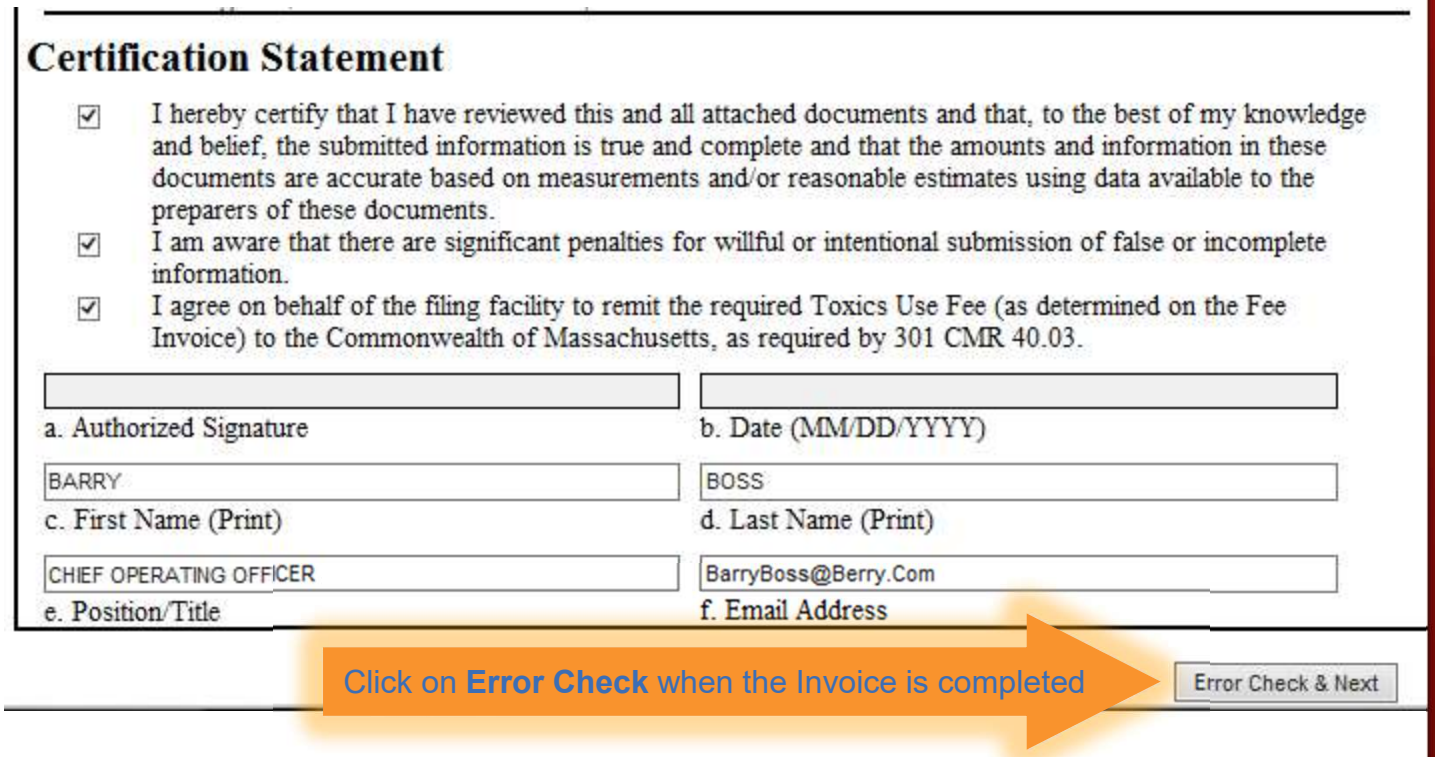
Part 1 of the Fee Worksheet

IF the fee is incorrect because you indicated an incorrect FTE # on the first screen, you can correct it – **BUT all screens that follow page 1 will need to be revalidated one-at-a-time**

Document your calculations & source material

The late fee is NOT a penalty. The late fee is set by the Legislature (M.G.L. 21I § 19 (f). The Department shall an additional administrative fee of $1000 for failure to file a complete and accurate report by July 1, 2019. A late fee may also be added for failure to pay any fee pursuant to this section in a timely manner. * late fee applied if the fee is not paid by the due date on the invoice.

Part 2 of the Fee Worksheet



Certification Statement

- ☑ I hereby certify that I have reviewed this and all attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and information in these documents are accurate based on measurements and/or reasonable estimates using data available to the preparers of these documents.
- ☑ I am aware that there are significant penalties for willful or intentional submission of false or incomplete information.
- ☑ I agree on behalf of the filing facility to remit the required Toxics Use Fee (as determined on the Fee Invoice) to the Commonwealth of Massachusetts, as required by 301 CMR 40.03.

a. Authorized Signature

b. Date (MM/DD/YYYY)

BARRY

c. First Name (Print)

BOSS

d. Last Name (Print)

CHIEF OPERATING OFFICER

e. Position/Title

BarryBoss@Berry.Com

f. Email Address

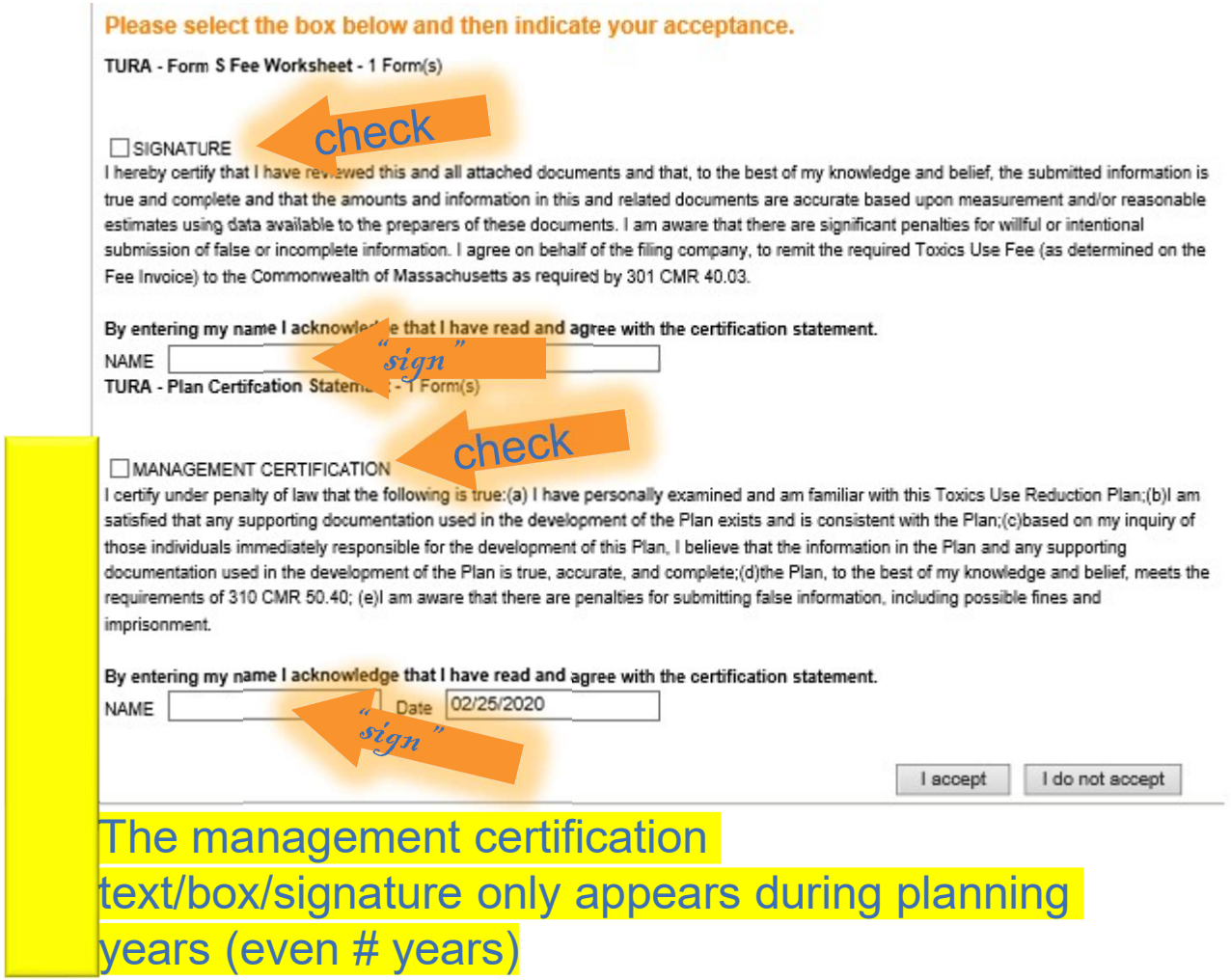
Click on **Error Check** when the Invoice is completed

Error Check & Next

When a transaction is *signed* the information entered in the submittal is "locked" and **cannot be changed.**

Solution: double check all information before signing.

Signature screen for **Senior Management Official**



The management certification text/box/signature only appears during planning years (even # years)

Several certification / signature lines appear. Please **PRINT** this screen & certification screens and the paper forms, keep for your facility records.

The signatures on this screen will fill-in at the appropriate places on earlier screens/forms

TUR/EMS/RC Planner Certification Will be completed after the submit step

*only during even # /planning years

For Reporting, The SUBMIT Step is next

Electronically Submit your report

Submit

Transaction Overview Trans# 210259 ID# 380799 Toxics Use Reduction Act (TURA) Reporting

Forms | Signature | Payment | Submit

Review and Submit your Transaction

Exit

Please review your transaction. If you are satisfied, scroll down and click submit.

An email confirmation will be automatically sent to the owner of this account at

aamir.razzak@state.ma.us

If you would like to send this confirmation to others please enter their address below separated by a semicolon;

DEP Transaction ID: 210259
Date and Time Submitted: 04/14/2009 04:28:15
Other Email :

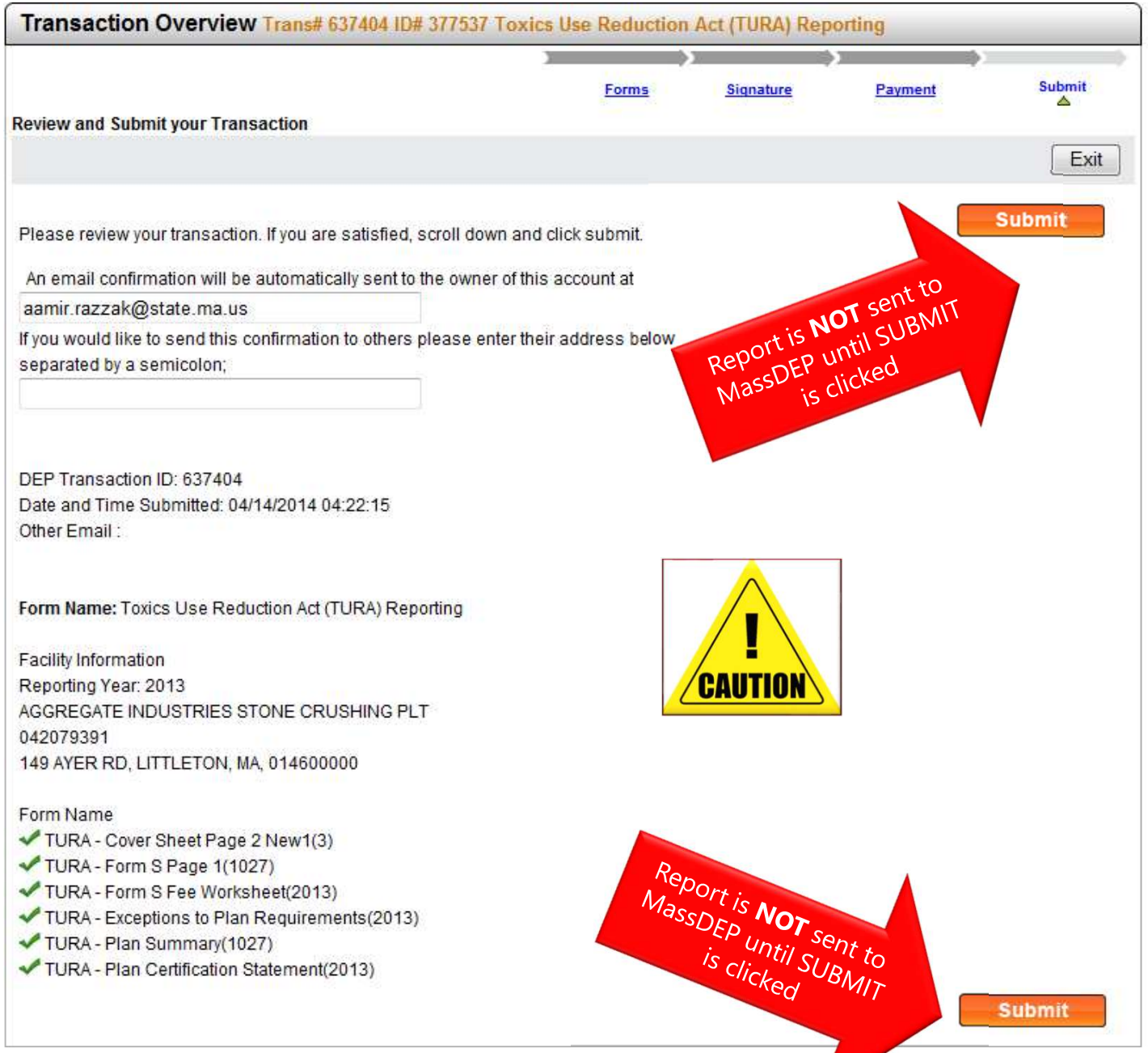
Form Name: Toxics Use Reduction Act (TURA) Reporting

Facility Information

Submit

Report is **NOT** sent to MassDEP until SUBMIT is clicked

SUBMIT the Report & "Plans"



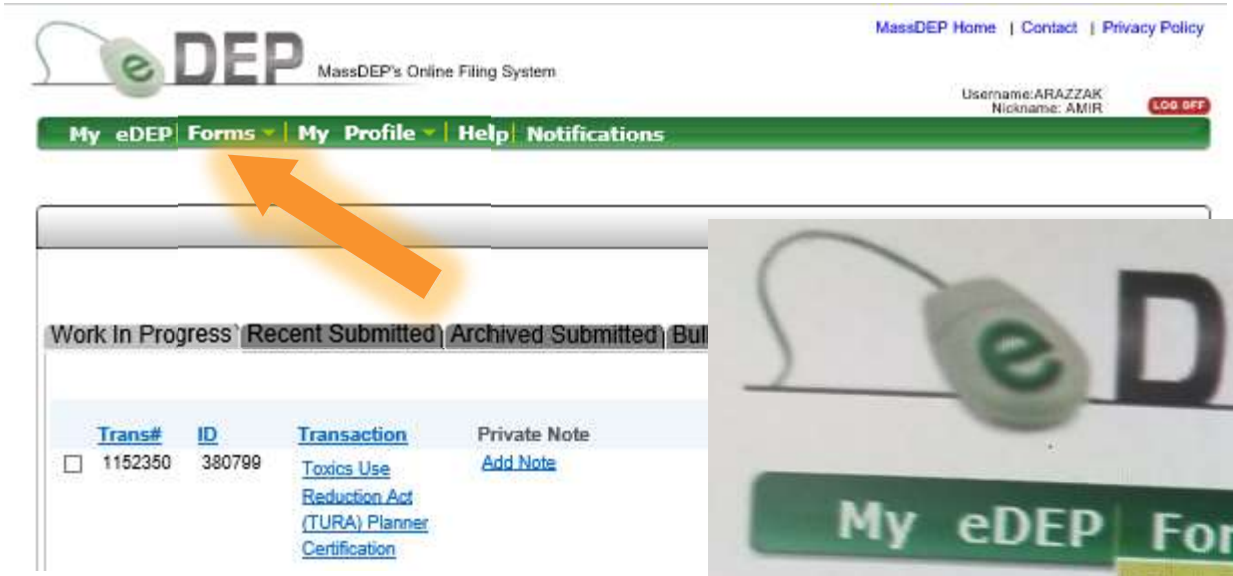
If you do NOT click on the **Submit** button, MassDEP will NOT receive the information.

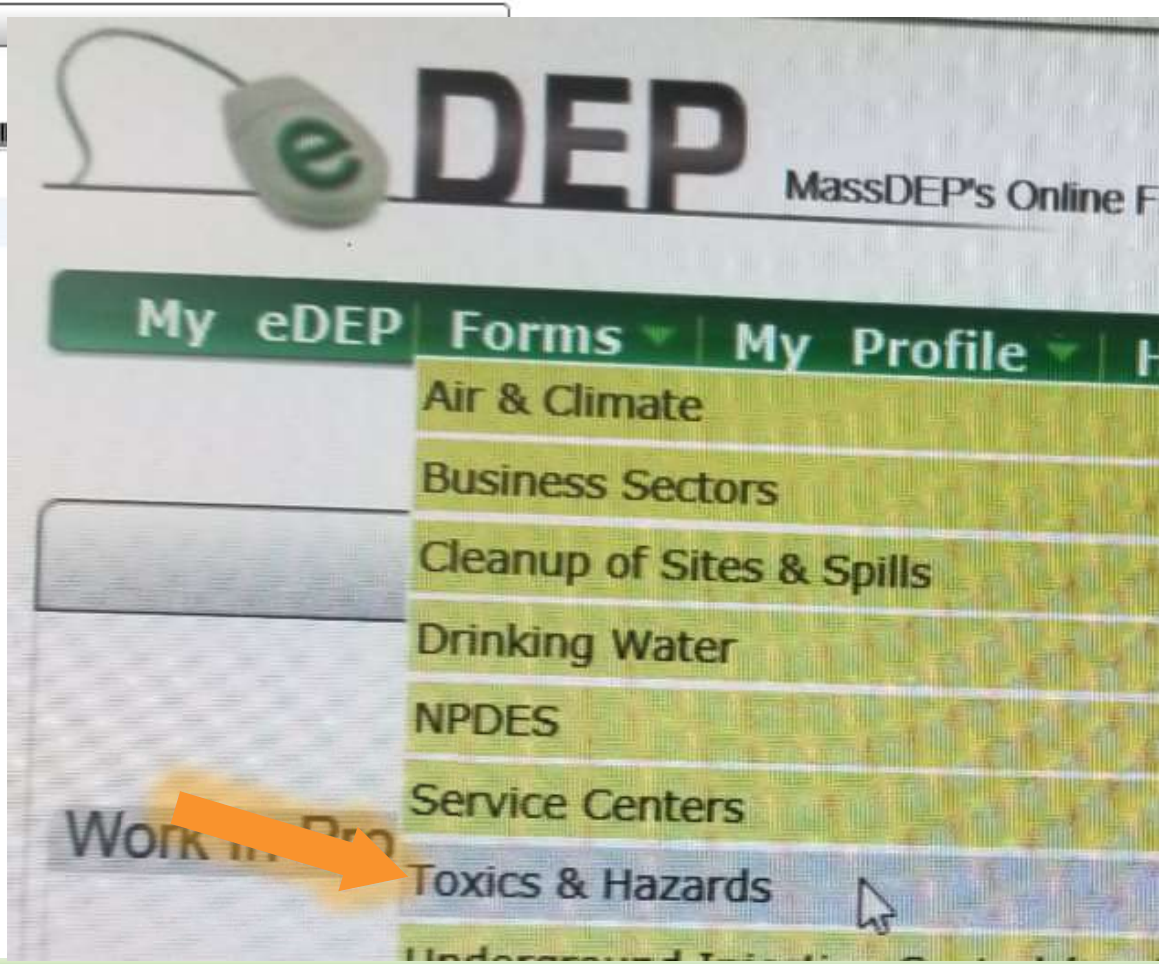
If MassDEP does not receive the information by the deadline, there is a $1000 late fee. Additional FINES may apply as well.

TUR/EMS/RC Planner Certification is a <u>separate form & step</u>

*only during even # /planning years

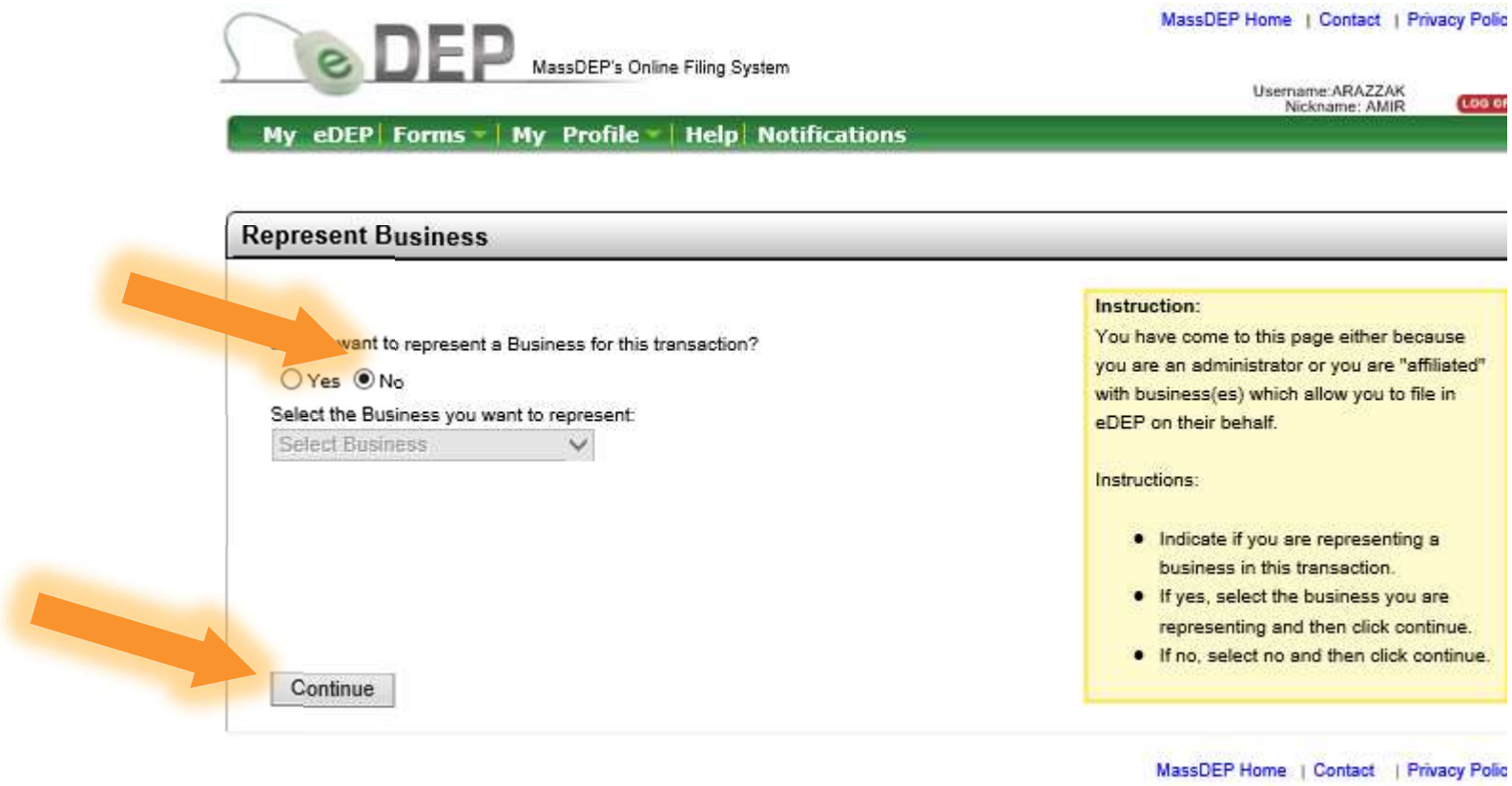
TUR/EMS/RC Planner Certification is separate form & step
*only during even #/planning years





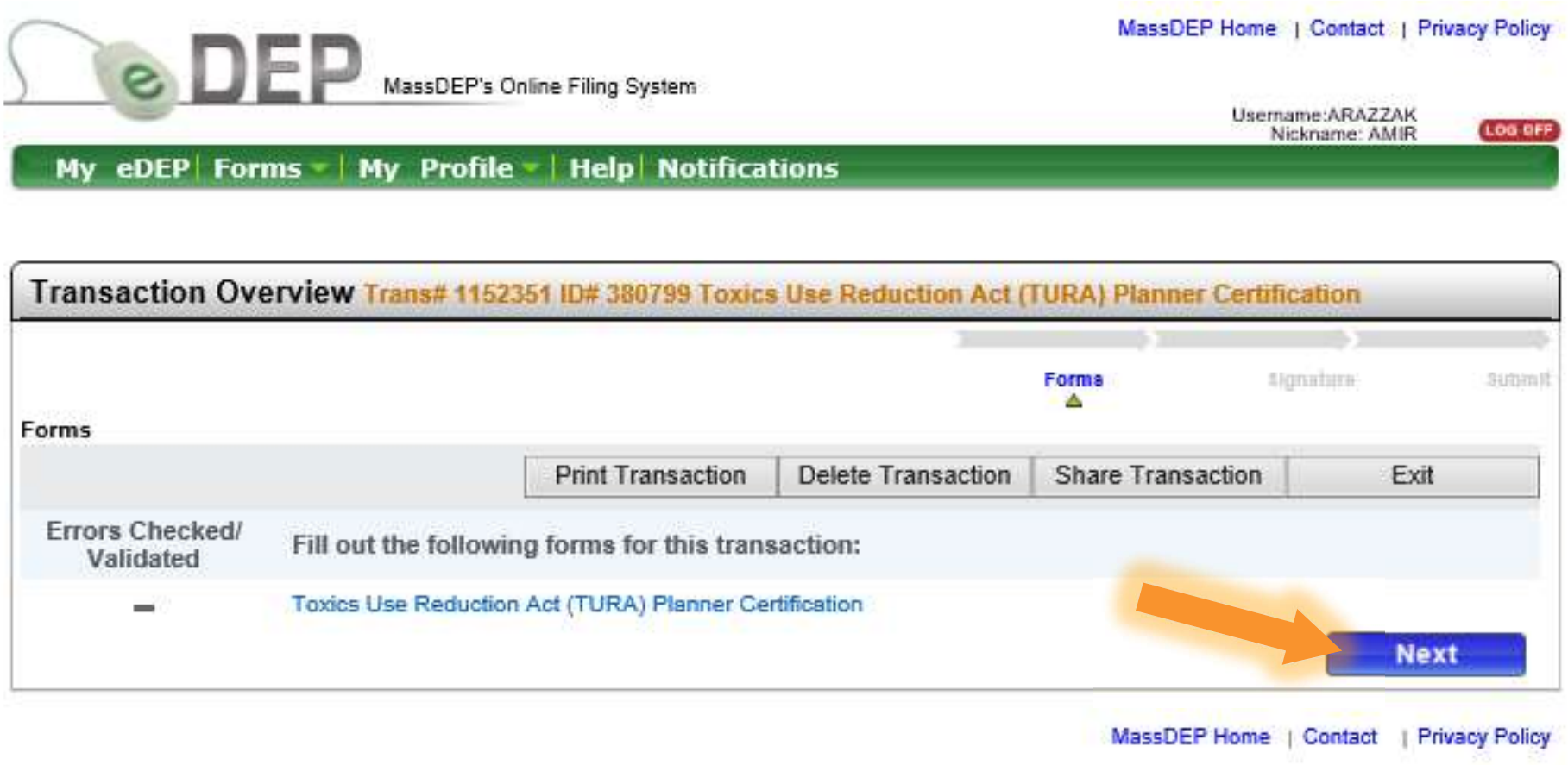
TUR/EMS/RC Planner Certification is separate form & step
*only during even #/planning years

TUR/EMS/RC Planner Certification is separate form & step
*only during even #/planning years



TUR/EMS/RC Planner Certification is separate form & step
*only during even #/planning years

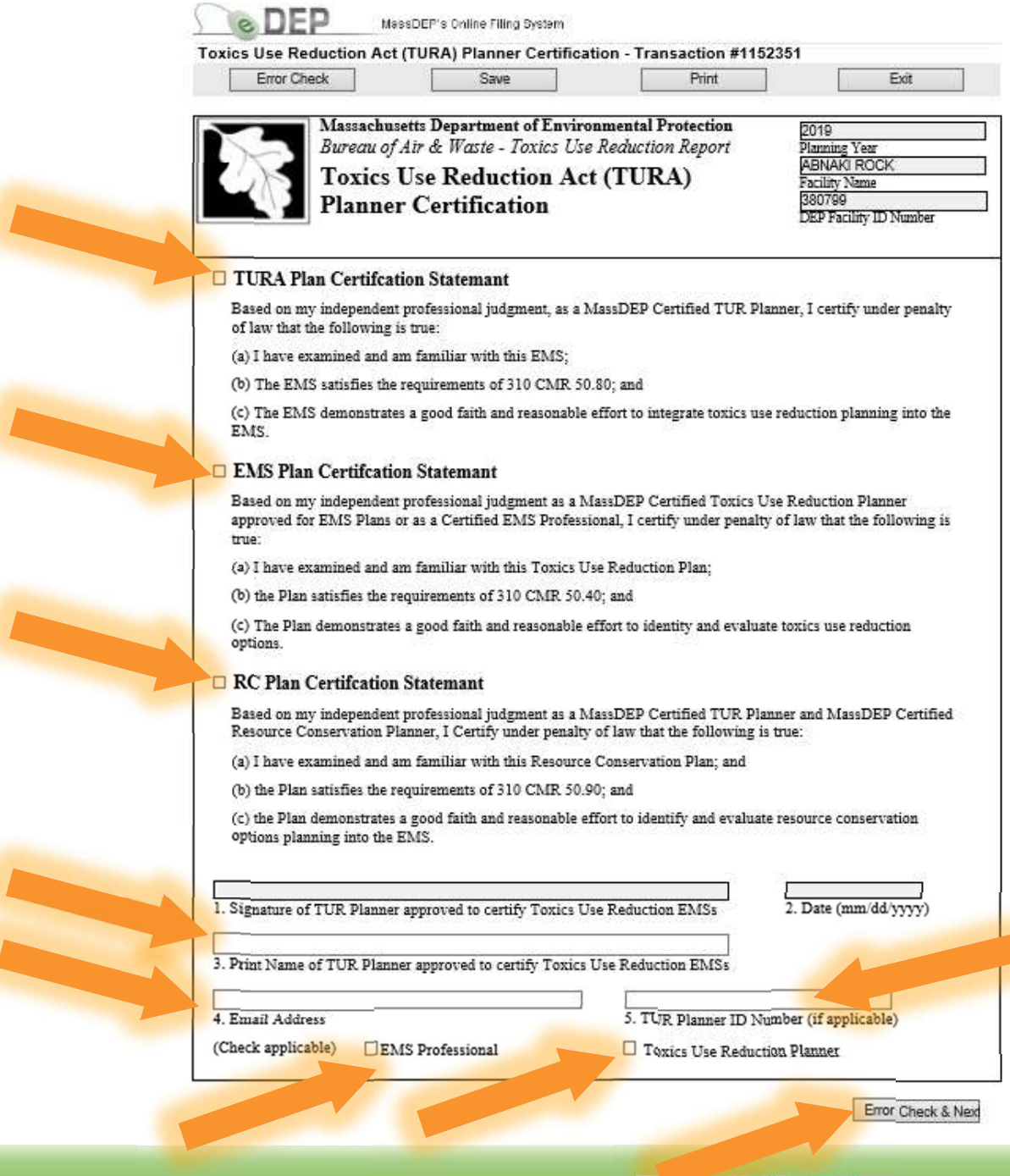
NEW for 2019 – complete the information for the facility that you are certifying as a MassDEP Certified TUR/RC/EMS Planner



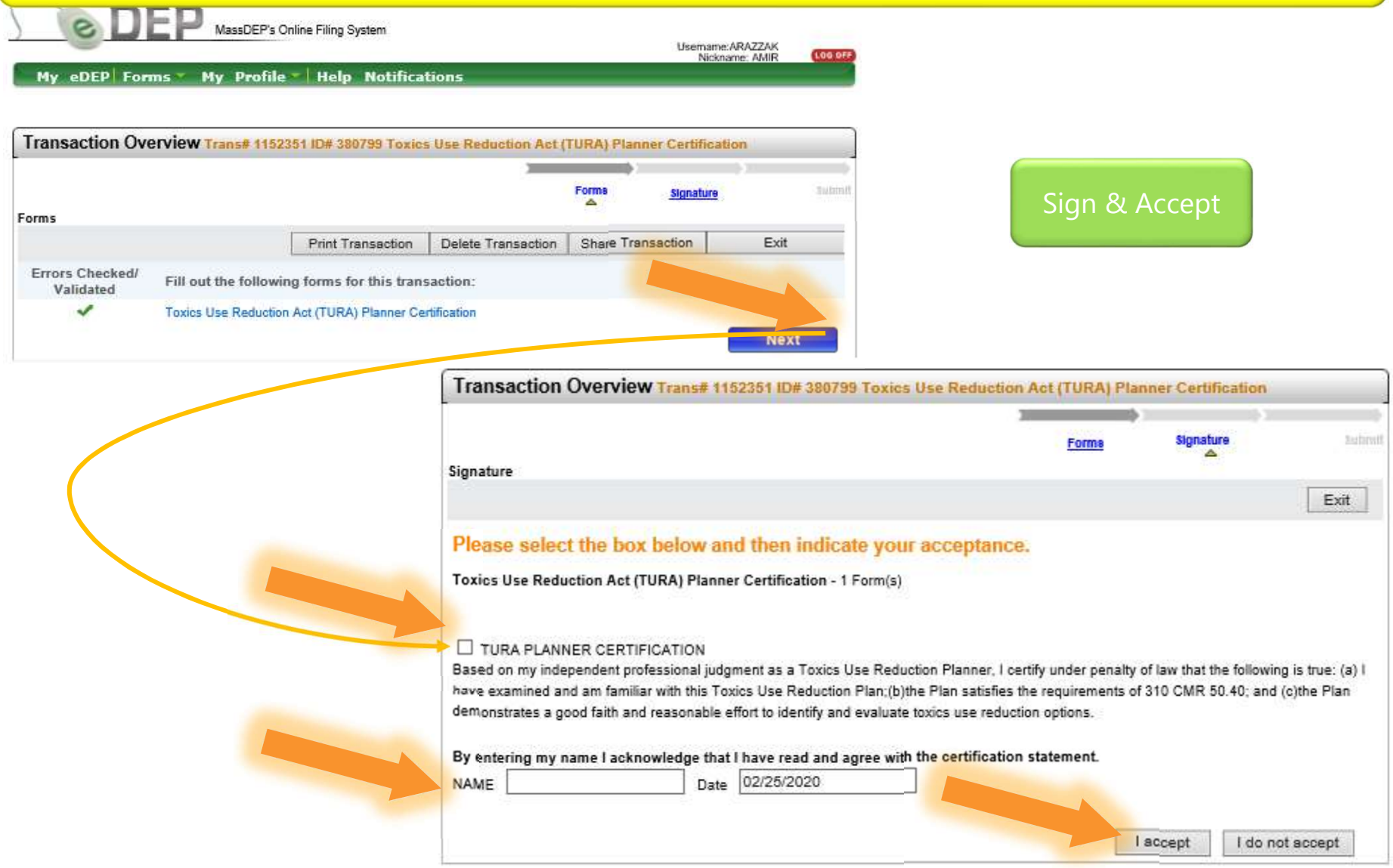
Complete the information for the facility that you are certifying as a MassDEP Certified TUR/RC/EMS Planner

Check 1 or more statements, as appropriate & then Sign & indicate email & ID#

*only during even #/planning years



TUR/EMS/RC Planner Certification is separate form & step
*only during even #/planning years

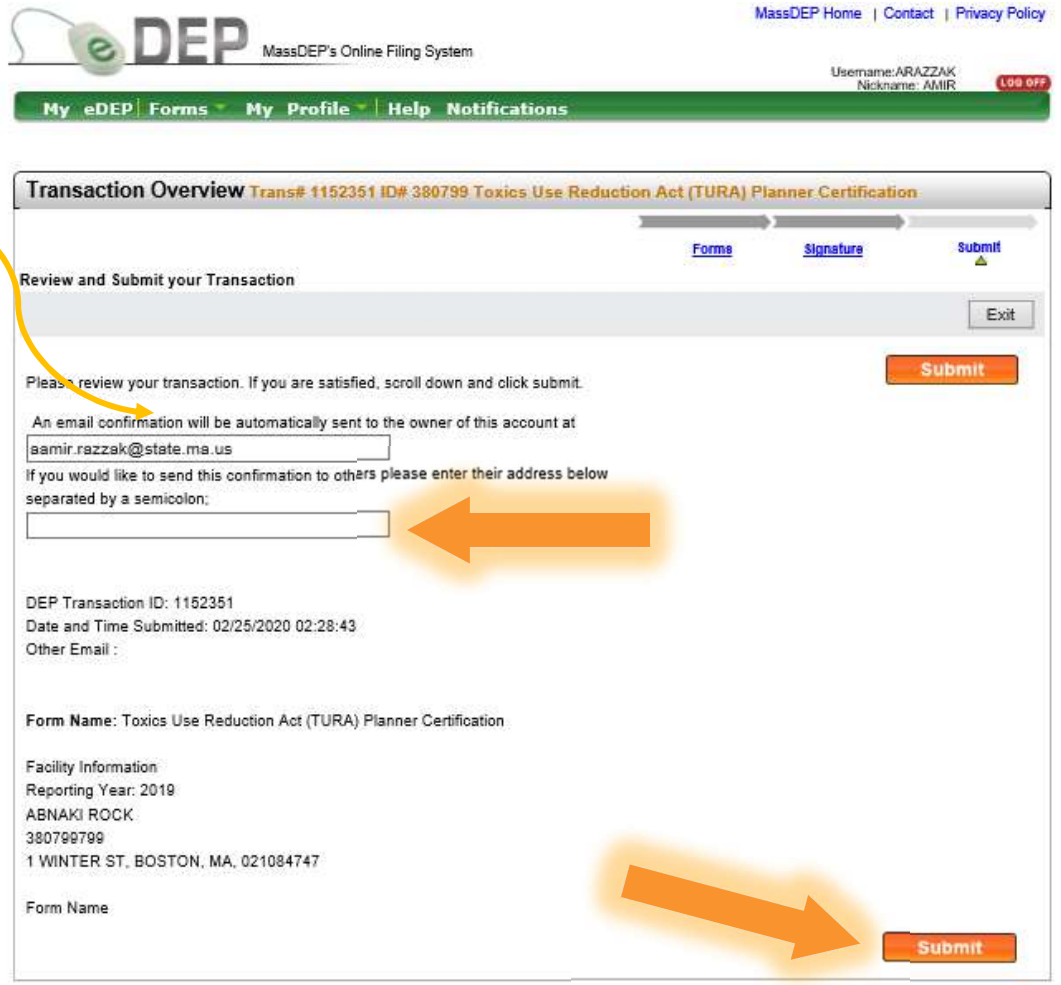


Sign & Accept

TUR/EMS/RC Planner Certification is <u>separate form & step</u>
*only during even #/planning years

The system will email you (*the Planner*) a receipt, and you can send a copy indicating you completed the CERTIFICATION to your boss or client.

The TUR/EMS/RC Plan is NOT CERTIFIED UNTIL YOU have clicked on the SUBMIT BUTTON



REMEMBER!

- ✓DOCUMENT
  - •With changes in staffing, know where your records are
  - •TUR Plan &/or RC/EMS Plans MUST be at the facility
- ✓REPORT ONLY WHAT YOU NEED TO REPORT
- ✓BE AWARE OF CONTAMINANTS IN YOUR RAW MATERIAL
- ✓LEAD **CAN BE** IN "NON-LEAD EU CERTIFIED MATERIALS"
- ✓ PFAS/PFOA may be in materials that you are unaware of, or SDS's may not be sufficient notice. Request better information from your suppliers
- ✓KEEP ABREAST OF CHANGES IN THE PROGRAM
  - •New/Added chemicals (and/or "improved SDS's)
  - •Lower reporting thresholds
- ✓SUBMIT the TUR Report (annually), TUR/EMS/RC Plan *during even #/planning years
- ✓TUR PLANNERS (TUR/EMS/RC) SUBMIT the CERTIFICATION * during even #/planning years
- ✓PAY ON TIME